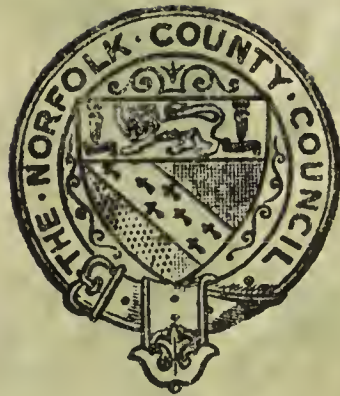


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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD


NORFOLK COUNTY COUNCIL

Annual Report

of the

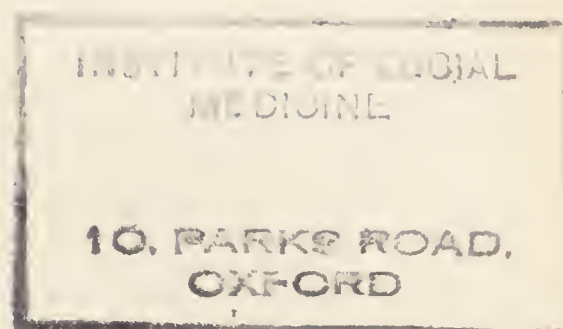
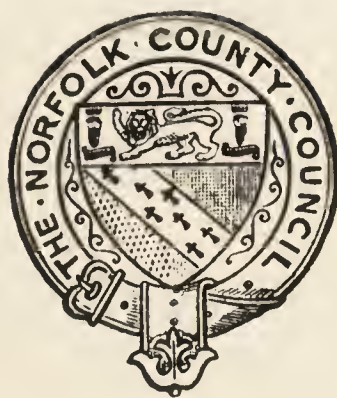
COUNTY MEDICAL OFFICER

FOR 1950



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NORFOLK COUNTY COUNCIL

Annual Report

of the

COUNTY MEDICAL OFFICER

FOR 1950

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PREFACE.

During the last twelve months there has been a further "tying-up" of loose ends in the administration of services provided by the County Council under the National Health Service and National Assistance Acts and a "sorting-out" of relationships with other bodies responsible for parallel services. I am pleased to say that the latter has been achieved with the utmost goodwill on all sides. It is becoming increasingly evident that if the National Health Service as a whole is to be a success and at the same time not unduly strain the country's financial resources, there must be the maximum degree of co-operation and co-ordination.

The extent to which the Regional Hospital Board would take over responsibility previously accepted by the County Council through the orthopaedic scheme for the treatment of persons suffering from crippling defects, was not finally decided until 1950, when a conference was held between officers of the County Council and the Board. It was then agreed that the Board would assume responsibility for all treatment, which meant the transfer of the whole scheme, apart from the arrangements for the giving of instruction in handicrafts and the provision of materials. The physical transfer of the office and staff took place in November, and financial responsibility was accepted by the Board from 5th July, 1948. Thus there was brought to a close, so far as the Council was concerned, a service of which the Department was justly proud. Launched in 1927, it steadily developed until it became one of the most comprehensive in the country administered by a local authority, particularly in the matter of domiciliary care. It is, therefore, not without regret that I report the transfer.

Dr. W. R. Clayton Heslop, who had been my deputy since 1934, reached 65 years of age in December and relinquished his post. Dr. Heslop has given outstanding service on the clinical side, and I am pleased that the Council has retained his services temporarily by appointing him as whole-time consulting medical officer.

The mid-1950 population of the administrative county as estimated by the Registrar-General and used as the basis of certain statistics in the Report was 362,990. It is interesting to note, however, that the provisional 1951 census figure is 374,219.

The birth rate, at 15.85 per 1000 of the estimated mid-year population, shows a decline of 0.55 on the 1949 rate. For the two previous years the birth rate for the county was less than that for the country as a whole, but the rates are now almost the same (England and Wales 15.8).

The death rate declined from 12.39 in 1949 to 11.46 in 1950 and for the first time since 1941 was below that for England and Wales (11.6). The death rate of infants under 1 year of age (25.72 per 1000 live births) and the maternal mortality rate (0.51 per 1000 live and still births) were both lower than the previous year and lower than the country as a whole (29.8 and 0.86 respectively).

Although the number of new cases of tuberculosis remains fairly constant, it is gratifying to note that the mortality rates are lower, that for pulmonary cases falling from 0.28 per 1000 of the estimated mid-year population to 0.19.

Increased accommodation is being provided throughout the country for institutional confinements, but the proportion of Norfolk mothers having their babies in maternity homes is much lower than the average. Domiciliary confinements are encouraged, thus easing the demand for accommodation and staff which would otherwise be needed and saving the country the additional expense which institutional confinements entail.

The scheme for the establishment of some 110 village infant welfare centres, to supplement the infant welfare centres already set up in the larger centres of population, has been put into operation, and 105 of these centres were opened.

The cost of the sitting case car service has continued to exercise the minds of members of the Health Committee. In spite of the utmost care, expenditure during 1950 was at an average monthly rate of £2,400.

In the early months of the year it was evident that the cost of the home help service would exceed the 1950-51 estimate of £30,350 unless steps were taken to effect some restriction of the service. The methods adopted are referred to on pages 40 and 41.

The difficulty of obtaining institutional accommodation for low-grade mental defectives has continued. A home teacher has been appointed for the training of suitable mental defectives not in institutions who cannot attend occupation centres, and a start has been made in collecting suitable children at centres once a fortnight so that group training can be provided.

Guidance from the Ministry of Health on the preparation of schemes for the provision of welfare services for handicapped persons, other than those who are blind, under Sections 29 and 30 of the National Assistance Act, 1948, has not yet been received.

The classification of all the inmates of establishments used jointly by the County Council and the Regional Hospital Board was reviewed by medical officers of both bodies and, as a result, the number of cases for which the Council accepted responsibility was increased by 76. The figures finally agreed were 415 Regional Hospital Board, 558 County Council.

There were 99 confirmed cases of poliomyelitis, 12 of which were fatal. This was the most severe outbreak so far recorded in Norfolk. The incidence of diphtheria remained very low and there have been no deaths from this disease since 1946.

So far as the sanitary services are concerned, particular attention is drawn to the effect of the isolation of the brucella abortus from milk samples submitted to the laboratories and also to the economies which have been effected by co-operation with the Ministry of Agriculture whereby our sampling officers take samples on behalf of that Ministry in the course of their normal duties. The survey of schools continues, but it is a slow process and has to be related to the building programme.

It is extremely encouraging to observe the progress which is being made with water supply after so many years of preparations, and by the end of the year no less than 125 miles of mains had been laid. Unfortunately, in a county of this size with its considerable water supply problems, this only

touches the fringe, but it does represent progress. There is a welcome tendency to make more use of local sources of supply and in such a chalk water-bearing area this method has the merit not only of economy, but of bringing water more rapidly to the outlying villages. As the water supply problems are solved a new problem of sewage disposal arises and great care will be necessary to avoid the pollution of the chalk from which the water is derived. This is a matter to which much more attention must be given in the future.

The research which the department is conducting in conjunction with the Geological Survey into the conditions of the underground waters is original and extremely useful, and we are much indebted to Dr. S. Buchan of the Geological Survey for his guidance and ever-ready help.

This report has a fairly wide circulation amongst those who are interested in the public health service in Norfolk, and I would like to take this opportunity of expressing my appreciation of and thanks to all those organisations and individuals, voluntary and official, who have helped in so many ways. A special word of thanks is due to the members of my own department for their enthusiasm and hard work.

T. RUDDOCK-WEST.

Public Health Department,
29, Thorpe Road,
Norwich.

August, 1951.

PUBLIC HEALTH STAFF

County Medical Officer:

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

Deputy County Medical Officer:

W. R. CLAYTON HESLOP, M.D., F.R.C.S.E., D.P.H. (to 27.12.50).
(Temporary Consulting Medical Officer from 28.12.50).

Senior Medical Officer:

K. F. ALFORD, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer:

W. W. SINCLAIR, M.B., Ch.B., D.P.H. (from 1.1.50).

Assistant County Medical Officers and District Medical Officers of Health:

A. E. BROWN, M.B., B.S., D.P.H. (from 13.5.50).
C. T. DARWENT, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
IRENE B. M. GREEN, M.D., B.S., D.P.H.
A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.
J. C. JOHNSTON, M.B., B.Ch., B.A.O., D.P.H.
R. N. C. McCURDY, M.B., Ch.B., D.P.H. (from 25.9.50).
J. H. F. NORBURY, M.B., B.S., D.P.H.
C. O'DONOVAN, M.B., B.Ch., B.A.O., D.P.H.
C. W. ORR, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (to 7.10.50).

Assistant Medical Officers:

O. C. HAMILTON-JONES, M.R.C.S., L.R.C.P., D.P.H. (from 16.10.50).
VIOLET M. JEWSON, M.A., M.B., Ch.B.
ROSEMARIE D. LINCOLN, M.B., B.S. (part-time).
R. N. C. McCURDY, M.B., Ch.B., D.P.H., (from 1.5.50 to 24.9.50).
C. MARGARET McLEOD, M.B., Ch.B. (part-time).
J. S. MOORE, F.R.C.S.E., D.P.H. (part-time to 30.11.50).

Senior Dental Officer:

P. MILLICAN, L.D.S., R.C.S. (Eng.).

Dental Officers:

I. F. BURNS, L.D.S., R.C.S. (Edin.) (to 10.3.50).
SADIE S. HOW, L.D.S., R.C.S. (Edin.).
J. NIXON, L.D.S., R.C.S. (Edin.).
E. C. PACKHAM, L.D.S., R.C.S. (Eng.).
F. W. WALMSLEY, L.D.S., R.C.S. (Edin.).
C. R. WOLFENDALE, L.D.S., R.C.S. (Eng.) (to 6.4.50).

County Sanitary Officer:

G. W. CURTIS, M.I.S.E., C.S.I.B., Meat and Food Inspector's Cert., D.P.A.

Senior Assistant County Sanitary Officer:

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

Assistant County Sanitary Officer:

A. C. COOPER, C.S.I.B.

Supervisor of Midwives and Superintendent Health Visitor:

MISS M. V. E. DAVEY, S.R.N., S.C.M., Cert.R.S.I.

Senior Assistant Supervisor:

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert.

Assistant Supervisors:

MISS D. T. N. COLE, S.R.N., S.C.M., H.V.Cert.

MISS A. E. ROBERTS, S.R.N., S.C.M., H.V.Cert. (to 31.1.50).

MISS E. THOMPSON, S.R.N., S.C.M., H.V.Cert. (to 31.1.50).

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert. (from 1.2.50).

Health Visitors and School Nurses:

MRS. L. BRADBURY, S.R.N., S.C.M., H.V.Cert.

*MRS. P. D. CHADWICK, R.S.C.N.

MISS I. K. COLE, S.R.N., S.C.M., H.V.Cert. (from 8.5.50).

MRS. W. A. DUNNELL, S.R.N., S.C.M., H.V.Cert.

MRS. M. E. C. EVANS, S.R.N., S.C.M., H.V.Cert. (part-time from 20.3.50).

MRS. B. M. GRAY, S.C.M.

*MISS A. E. HOLDEN, R.S.C.N.

*MRS. A. M. KNOTT, Trained Nurse. Sick Children.

MISS B. V. LESTER, S.R.N., S.C.M., H.V.Cert. (from 24.5.50).

†MISS M. W. LINDSAY, S.R.N., S.C.M., H.V.Cert.

*MRS. F. B. NEVILLE, S.R.N.

MRS. W. M. PETTS, S.R.N.

*MRS. M. I. QUAYLE, S.R.N.

MISS M. ROBSON, S.R.N., S.C.M., H.V.Cert.

*MISS C. SHINGLETON, S.R.N.

MISS L. B. STEEL, S.R.N., S.C.M., H.V.Cert.

*MISS D. VICKERS, S.R.N.

*MRS. O. N. WAINWRIGHT, Trained Nurse, Sick Children.

MRS. E. WITTRED, S.R.N.

†MISS I. A. P. WYMER, S.R.N., S.C.M., H.V.Cert.

*School nursing duties only.

†No school nursing duties.

Tuberculosis Visitors:

MRS. I. M. HERNE, S.R.N., S.R.F.N., S.C.M.

MISS I. WARD, S.R.N., S.C.M., H.V.Cert.

Speech Therapist:

MISS J. RUTT, L.C.S.T.

Senior Home Teacher and Visitor for the Blind:

MISS H. G. BELLAMY, Cert. College of Teachers of the Blind.

Home Teachers and Visitors for the Blind:

MISS M. R. GREEN, Cert. College of Teachers of the Blind.

MISS K. M. HOLLIDAY, Cert. College of Teachers of the Blind.

MRS. M. D. NEAVE, Cert. College of Teachers of the Blind.

Psychiatric Social Worker:

MISS C. M. MEYER (to 31.3.50).

Home Help Organiser:

MRS. E. A. KING, S.C.M.

Occupation Centre Supervisors:

MRS. S. M. M. HENDERSON (to 31.5.50).

MISS M. T. MEADE.

MISS S. J. GEE (from 1.7.50).

Mental Health Worker:

MISS J. M. R. BUXTON (from 28.8.50).

Home Teacher for Mental Defectives:

MISS B. I. CUMING (from 1.10.50).

Superintendent Authorised and Welfare Officer:

C. J. TAYLOR

Deputy Superintendent Authorised and Welfare Officer:

T. H. HIGHAM

Local Welfare Officers:

A. BOOTHMAN

S. H. BOUGHEN

J. COWELL

S. J. DODMAN

S. FRYER

C. J. GALLANT

V. C. HALL

D. R. INGHAM

V. K. C. KIRBY

J. G. LARWOOD

T. A. MAYFIELD

F. E. PASCOE

W. J. PEACOCK

F. L. RAY

R. S. REEVE

J. A. ROWE

W. H. WESTERN

Chief Clerk:

E. W. DURRANT

SPECIALIST STAFF (Part-time).

Chest Physicians:

W. B. CHRISTOPHERSON, M.R.C.S., L.R.C.P.

G. F. BARRAN, M.D., M.R.C.S., L.R.C.P. (from 6.1.50).

(Joint appointments with Regional Hospital Board.)

County Analyst:

W. LINCOLNE SUTTON, F.R.I.C. (to 31.3.50).

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C. (from 1.4.50).

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

ACREAGE	...	...	...	...	...	1,302,744
POPULATION—1931 CENSUS	...	...	...	...	...	318,903
Estimated by Registrar-General (mid-1950)	...	...	...	...	...	362,990
PRODUCT OF PENNY RATE for general purposes	...	...	...	...	...	£5,804
RATEABLE VALUE for general purposes	...	...	...	...	...	£1,418,455

BIRTHS. (See Table 1.)

Live births—

Rate per 1000 of the estimated population ... 15.85

Still births—

Rate per 1000 total (live and still) births ... 20.59

The following table shows the numbers of civilian live births registered and the birth rates during the past five years:—

Year	Administrative County		Rate for England and Wales
	Net no. registered	Rate	
1946	6612	19.79	19.1
1947	7090	20.84	20.5
1948	6137	17.56	17.9
1949	5793	16.40	16.7
1950	5755	15.85	15.8

Although the birth rate again fell to 15.85 per 1000 of the estimated mid-year population of the county, it has not yet fallen to pre-war level. The comparable rate for England and Wales was 15.8 per 1000.

Still-births numbered 20.59 per 1000 (live and still) births, which is the lowest figure for the last 20 years, excepting 1947, when it was 18.95.

The proportion of illegitimate births at 5.66% of all live births showed a very slight increase on the 1949 figure.

BIRTHS AND DEATHS.

TABLE 1.

County district.	Population 30.6.50	Live births			Still births			Deaths of infants under 1 year of age			Total deaths (all causes)	
		Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total		
MUNICIPAL BOROUGHS—												
King's Lynn	26,110	413	35	448	9	1	10	12	3	15	318	
Thetford	4,385	70	2	72	—	—	—	—	—	—	54	
	30,495	483	37	520	9	1	10	12	3	15	372	
URBAN DISTRICTS—												
Cromer	4,717	56	1	57	2	—	2	1	—	1	63	
Diss	3,509	48	3	51	1	—	1	—	—	—	50	
Downham Market	2,650	38	4	42	—	—	—	—	—	—	32	
East Dereham	6,410	98	4	102	3	—	3	1	—	1	64	
New Hunstanton	3,374	58	5	63	—	—	—	—	—	—	52	
North Walsham	4,696	71	2	73	1	—	1	1	—	1	52	
Sheringham	5,050	46	4	50	2	—	2	1	—	1	69	
Swaffham	3,048	89	1	40	1	—	1	2	—	2	34	
Wells	2,616	38	2	40	1	—	1	2	—	2	43	
Wymondham	5,633	93	4	97	3	1	4	1	—	1	62	
	41,703	585	30	615	14	1	15	9	—	9	521	
RURAL DISTRICTS—												
Blofield and Flegg	31,890	423	13	441	5	2	7	6	2	8	308	
Depwade	18,040	250	17	267	2	1	3	6	—	6	240	
Docking	17,290	278	21	299	5	—	5	11	—	11	209	
Downham	22,580	397	23	420	7	—	7	18	—	18	251	
Erpingham	18,370	241	15	256	7	—	7	7	1	8	217	
Forehoe and Henstead	22,970	360	22	382	9	—	9	15	1	16	273	
Freebridge Lynn	10,870	164	11	175	2	1	3	2	—	2	132	
Loddon	12,790	168	7	175	4	—	4	1	—	1	133	
Marshland	16,760	256	13	269	4	—	4	8	—	8	163	
Mitford and Launditch	17,830	248	9	257	7	1	8	8	2	10	211	
St. Faith's and Aylsham	37,500	557	28	585	11	1	12	17	1	18	382	
Smallburgh	17,150	243	17	260	3	1	4	4	—	4	219	
Swaffham	8,572	172	16	188	3	—	3	7	—	7	83	
Walsingham	19,490	323	22	345	11	—	11	3	—	3	227	
Wayland	18,690	281	20	301	9	—	9	4	—	4	218	
	290,792	4361	259	4620	89	7	96	117	7	124	3266	
ADMINISTRATIVE COUNTY	362,990	5429	326	5755	112	9	121	138	10	148	4159	

DEATHS BY AREAS AND AGE GROUPS.

TABLE 2.

Cause of death	Municipal Boroughs		Urban Districts									Rural Districts														Total	Age at death										
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	New Hunstanton	North Walsham	Sheringham	Swaffham	Wells	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mifford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham		Walsingham	Wayland	0—	1—	5—	15—	25—	45—	65—	75—	
Tuberculosis, respiratory	4	2	2	1	1	2	1	1	—	—	—	1	10	5	2	1	8	6	—	1	1	6	9	2	1	4	1	72	—	—	—	6	19	29	12	6	
Tuberculosis, other	1	1	—	—	—	—	—	—	1	—	—	—	1	1	—	1	—	—	—	—	—	1	1	—	3	—	—	12	1	4	1	2	1	3	—	—	
Syphilitic disease	1	—	—	1	—	—	1	—	—	—	—	—	1	—	1	—	1	2	1	—	—	—	—	—	—	—	10	1	—	—	—	1	1	4	1	2	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—		
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—		
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—		
Measles	1	—	1	—	1	1	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	2	—	—	—	1	1	10	1	—	3	1	3	2	—	—	
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	2	—	—	—	—	5	2	3	—	—	—	—	—	—	
Malignant neoplasm, stomach	16	—	1	1	—	—	—	—	1	—	1	—	1	2	1	2	2	—	1	—	3	2	—	—	—	3	—	22	1	1	1	—	5	6	3	5	
Malignant neoplasm, lung, bronchus	5	—	—	—	1	—	—	1	—	3	3	1	5	9	13	14	10	7	3	5	4	8	12	7	4	11	4	145	—	—	—	—	3	35	47	60	
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm, uterus	6	1	1	—	1	2	2	—	—	—	1	1	3	6	4	2	5	8	—	2	4	3	5	2	—	1	2	56	—	—	—	—	3	27	20	6	
Other malignant and lymphatic neoplasms	—	—	2	—	—	—	—	2	—	—	1	1	2	—	—	3	1	—	—	1	—	1	1	1	—	2	3	62	—	—	—	—	8	17	16	21	
Leukæmia, aleukæmia	31	1	8	6	4	7	5	4	7	7	6	7	31	27	18	16	12	26	8	10	15	16	38	18	3	20	23	374	1	—	1	3	18	91	115	145	
Diabetes	—	1	—	—	1	1	—	—	—	—	—	—	—	—	1	2	—	2	1	—	1	2	1	3	1	2	—	19	2	5	1	3	1	5	2	—	
Vascular lesions of nervous system	2	—	2	—	—	—	1	2	—	—	—	—	1	1	1	2	3	3	1	2	2	2	2	1	—	1	2	31	—	2	—	—	—	4	13	12	
Coronary disease, angina	31	8	8	9	6	11	12	6	11	5	6	2	48	31	28	26	37	28	17	13	13	29	46	43	11	27	24	5	6	—	1	—	1	3	83	148	300
Hypertension with heart disease	23	4	12	8	2	5	6	6	7	4	3	13	28	19	23	25	31	27	14	9	15	21	55	20	5	21	16	422	—	—	—	1	8	89	160	164	
Other heart disease	8	3	1	—	—	1	—	3	1	—	—	—	1	6	4	7	4	6	5	4	8	6	11	2	3	3	7	94	—	—	—	—	1	12	35	46	
Other circulatory disease	71	16	8	6	6	15	13	7	24	4	8	20	61	58	42	57	31	58	36	52	36	45	71	58	20	53	44	920	—	—	1	—	13	75	185	646	
Influenza	14	5	1	3	2	2	—	1	5	1	1	3	7	11	7	11	6	19	4	9	6	6	25	6	3	10	28	196	—	—	—	—	1	28	38	129	
Pneumonia	2	—	—	1	—	3	1	1	2	1	—	—	—	3	1	1	2	1	3	—	1	1	4	2	—	3	2	35	1	1	—	—	4	9	7	13	
Bronchitis	11	1	3	1	—	1	1	1	1	—	2	—	5	10	5	5	10	9	5	2	9	10	7	6	1	2	9	117	12	3	—	3	6	20	20	53	
Other diseases of respiratory system	14	1	—	2	2	2	—	2	—	1	2	1	14	9	10	13	6	9	2	3	6	6	4	2	4	7	6	128	3	2	—	—	—	16	27	80	
Ulcer of stomach and duodenum	2	—	—	1	—	—	—	1	—	—	—	3	3	1	1	1	—	1	2	—	—	—	2	1	—	—	1	20	—	—	1	—	5	7	7		
Gastritis, enteritis and diarrhœa	2	—	1	1	—	1	1	—	—	—	—	—	5	1	1	1	1	3	—	1	1	1	4	1	2	1	3	32	—	—	—	—	1	8	12	11	
Nephritis and nephrosis	2	—	—	1	—	—	—	—	—	—	1	1	1	3	1	2	—	2	1	1	2	1	—	1	—	—	—	20	9	1	—	—	—	6	—	4	
Hyperplasia of prostate	5	—	1	—	—	1	1	—	—	2	1	2	6	2	3	1	2	2	1	—	2	3	1	3	1	6	—	46	1	—	—	—	4	12	8	21	
Pregnancy, childbirth, abortion	7	5	2	—	1	2	—	—	—	—	—	2	4	2	2	2	4	3	—	4	3	4	7	4	—	5	7	70	—	—	—	—	—	5	23	42	
Congenital malformations	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	—	—	1	2	—	—	—	
Other defined and ill-defined diseases	41	3	8	6	2	3	5	12	7	4	5	3	1	1	2	4	1	6	—	1	2	—	1	2	2	3	1	30	18	1	4	3	1	3	—	—	
Motor vehicle accidents	1	—	—	—	—	—	—	—	—	1	—	—	47	20	25	29	34	28	15	8	20	22	49	24	8	28	20	476	83	5	6	3	27	73	67	212	
All other accidents	1	—	—	—	—	—	—	—	—	—	—	—	2	—	2	1	—	3	1	1	—	3	3	1	4	—	4	27	—	1	3	4	5	11	2	1	
Suicide	12	1	—	1	1	2	—	1	—	1	—	—	9	3	6	17	3	5	3	2	4	3	14	4	5	5	5	107	11	1	5	11	8	15	8	38	
Homicide and operations of war	2	1	—	—	—	—	1	1	1	—	1	—	5	—	1	1	1	4	3	—	2	4	1	1	—	—	2	32	—	—	—	2	6	17	4	3	
All causes	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	1	2	—	—	—	7	—	—	—	3	3	1	—	—	

DEATHS. (See Tables 1 and 2.)

Deaths per 1000 of the estimated civilian population	...	11.46
Deaths from pregnancy, childbirth and abortion:—		
Deaths—3. Rate per 1000 total (live and still) births	...	0.51
Death rate of infants under 1 year of age:—		
All infants per 1000 live births	...	25.72
Legitimate infants per 1000 legitimate live births	...	25.42
Illegitimate infants per 1000 illegitimate live births	...	30.67
Deaths from cancer (all ages)	...	658
Deaths from measles (all ages)	...	5
Deaths from whooping cough (all ages)	...	1

The following table gives a comparison of the number of deaths and death rates during the past five years:—

Year	Urban Districts		Rural Districts		Administrative County		England and Wales— Crude death rate
	No. of deaths	Crude death rate	No. of deaths	Crude death rate	No. of deaths	Crude death rate	
1946	870	13.19	3201	11.94	4071	12.18	11.5
1947	947	14.01	3407	12.49	4354	12.79	12.0
1948	846	11.99	3076	11.02	3922	11.22	10.8
1949	978	13.70	3399	11.99	4377	12.39	11.7
1950	893	12.37	3266	11.23	4159	11.46	11.6

The crude death rate of 11.46 per 1000 of the estimated mid-year population showed a decrease of 0.93 per 1000 on the previous year's figure and fell below the England and Wales rate by 0.14 per 1000. Only three times has the rate fallen below 12.00 in the preceding 20 years, viz., 11.58 in 1930, 11.65 in 1938 and 11.22 in 1948. 72% of the deaths were of people aged 65 years and over, 39% were due to heart disease, 13% to cancer, 12% to vascular lesions of the nervous system, 6% to respiratory diseases other than pulmonary tuberculosis and 2% to pulmonary tuberculosis. Deaths from cancer and respiratory diseases showed a decrease.

The death rate of infants under one year, at 25.72 per 1000 live births, fell by 1.72 per 1000 as compared with the previous year and reached the lowest recorded level. The comparable rate for the country as a whole was 29.8 per 1000.

The death rate of illegitimate infants was 30.67 per 1000 as against 25.42 per 1000 for legitimate, both showing a decrease on the 1949 rate.

Maternal mortality continued to decline and, at 0.51 per 1000 (live and still) births, decreased by 0.16 per 1000 as compared with the previous year, the lowest ever recorded.

II. AREA ADMINISTRATION.

The day-to-day administration of parts of the National Health Service and the School Health Service is the responsibility of the nine local health offices, particulars of which are given below:—

Area No.	Districts.	A.C.M.O.	Address of office.	Remarks.
1	Blofield & Flegg R.D. Smallburgh R.D.	Dr. C. O'Donovan	Public Health Dept., 29, Thorpe Road, Norwich	This is a temporary arrangement pending the erection in Norwich of premises which will accommodate the staffs of the Local Health Offices for Areas 1, 4 and 5, and provide clinic facilities.
2	Cromer U.D. Sheringham U.D. North Walsham U.D. Erpingham R.D.	Dr. J. H. F. Norbury	1, Norwich Road, Cromer	Very satisfactory office accommodation is available as well as rooms for clinic purposes (including dental). There is also a flat for the A.C.M.O.
3	East Dereham U.D. Mitford and Launditch R.D.	Dr. A. B. Guild	County Isolation Hospital, East Dereham	A wooden building in the hospital grounds is being used until more suitable premises can be secured.
4	St. Faith's and Aylsham R.D. Forehoe and Henstead R.D.	Dr. Irene B. M. Green	197, Wroxham Road, Sprowston	The accommodation is inadequate and the office will be moved to Norwich when the new building is available (see note <i>re</i> Area 1).
5	Diss U.D. Wymondham U.D. Depwade R.D. Loddon R.D.	Dr. A. E. Brown	"Willowdene," Long Stratton	Part of the local welfare officer's house is being used until the new office in Norwich is ready (see note <i>re</i> Area 1).
6	Thetford M.B. Swaffham U.D. Swaffham R.D. Wayland R.D.	Dr. R. N. C. McCurdy	St. Barnabas, Thetford	Other premises have been purchased and are being adapted. They will provide ample accommodation for office and clinic purposes. The present premises are most inadequate.

Area No.	District.	A.C.M.O.	Address of office.	Remarks.
7	Downham U.D. Downham R.D. Marshland R.D.	Dr. C. T. Darwent	The Howdale, Downham Market	Good accommodation has been provided for offices and clinics.
8	Hunstanton U.D. Wells U.D. Docking R.D. Walsingham R.D.	Dr. J. C. Johnston	The Rectory, Wells	The office was moved from Friends' Hall and now occupies part of the Rectory. Negotiations are proceeding for the purchase of the whole building and if these are successful, clinic facilities can be provided as well as more adequate office space.
9	King's Lynn M.B. Freebridge Lynn R.D.	Dr. J. Hamilton	3, King Street, King's Lynn	The premises now shared with the King's Lynn Borough Council are not adequate and other property has been purchased which, after adaptation, will be much more satisfactory and provide clinic facilities and also living accommodation for a member of the staff.

Other departments of the Council are pleased to take advantage of any spare accommodation for the use of their officers. Such an arrangement is of benefit to the public as well as to the Council.

III. HEALTH CENTRES.

No steps have been taken towards the establishment of health centres in the county.

IV. CARE OF MOTHERS AND YOUNG CHILDREN.

MATERNITY ACCOMMODATION.

The Norwich, Lowestoft and Great Yarmouth Hospital Management Committee has provided maternity accommodation at the West Norwich and Norfolk and Norwich Hospitals. Beds were also available at Earlham Hall until this unit was transferred to Drayton Hall, the new maternity home opened towards the end of the year. These three maternity units serve the eastern half of the county, accommodation for West Norfolk cases being provided by the King's Lynn Area Hospitals Management Committee at the Stow Hall Maternity Home and at the maternity block of the West Norfolk and King's Lynn General Hospital.

General practitioners refer their maternity cases requiring hospital accommodation direct to the respective hospital management committees. District nurse midwives refer to this headquarters those midwifery cases where the home conditions definitely preclude domiciliary confinement. Only these urgent cases are referred by the County Council to the hospital management committees for maternity accommodation. During 1950, 22 cases were referred to the King's Lynn Hospital Group compared with 60 the previous year. Arrangements were made for these cases as follows:—

W. Norfolk and King's Lynn General Hospital.	Stow Hall Maternity Home.	Total.
6	16	22

There was a very marked increase in the number referred from the eastern portion of the county, the number rising from 81 in 1949 to 151 during 1950. These were dealt with by the Norwich, Lowestoft and Great Yarmouth Hospital Management Committee as follows:—

West					
Norwich Hospital.	Earlham Hall.	Drayton Hall.	Nfk. & Nch. Hospital	Bookings cancelled.	Total.
76	61	11	1	2	151

This increase does not indicate a corresponding decrease in the number of domiciliary confinements, but is largely accounted for by a decrease of 55 in the number of cases accommodated in maternity beds in county homes under agency arrangements with the regional hospital board. During the first half of the year, 8 beds were available in two county homes but, during the remainder of the year, nursing staff difficulties reduced the number to 5. 19 cases were accommodated in these beds as compared with 74 in 1949.

The Council has experienced no difficulty in obtaining the accommodation needed for the urgent midwifery cases referred to the hospital management committees. The Council's policy of encouraging domiciliary confinements, wherever possible, continues to ease the demand for institutional accommodation.

UNMARRIED MOTHERS.

The arrangements for the care and training of unmarried mothers within the Council's scheme under Section 22 of the National Health Service Act, 1946, have continued satisfactorily through the agency of the Norwich and Ely Diocesan Councils for Moral Welfare, to whom annual grants are paid. Their six moral welfare workers do most useful work in respect of unmarried mothers and their children, investigating all cases referred to them, reporting upon those needing assistance, and safeguarding the welfare of girls discharged from hostels.

Arrangements are made for girls to be admitted to moral welfare hostels for special care and training prior to and immediately following confinement, where the home circumstances are such that these arrangements are desirable. The mothers are transferred to regional hospital board establishments for the actual confinement, and the normal maximum period of maintenance in moral welfare hostels is three to four months (6 to 8 weeks before and 6 to 8 weeks after the confinement).

48 unmarried mothers were admitted to moral welfare hostels, a decrease of 13 as compared with the previous year. Apart from these cases dealt with by the County Council in moral welfare hostels, it is satisfactory to note that no less than 98 other unmarried mothers referred to moral welfare workers during the year were dealt with without recourse to maintenance in moral welfare hostels, an increase of 31 on the previous year. Whereas in 1949 practically one-half of all unmarried mothers referred to moral welfare workers were admitted to hostels, it was only necessary for one-third of the total cases for 1950 to be dealt with in this manner.

The 48 cases given special care and training were admitted to the following hostels :—

Heigham Grove Shelter, Norwich	...	...	...	1
St. Paul's Lodge, Gt. Yarmouth	...	...	...	23
St. Bridget's Hostel, Lowestoft	...	...	...	16
Lyndene Hostel, King's Lynn	...	...	...	1
Bateman St. Mother and Baby Home, Cambridge	...			2
Sunnedon House, Coggeshall	...	...	...	1
St. Bridget's, Chester	...	...	...	1
St. Mary's, Stamford Hill	...	...	...	2
East Hill, Colchester	...	...	...	1
				—
				48
				—

The moral welfare workers report periodically upon the welfare of these mothers and their babies, and the following summaries give an indication of the arrangements made for the subsequent care of the babies in all cases during the past two years.

Arrangements for the care of babies following care and training in moral welfare hostels:—

Year of birth	Retained by mother	Fostered	Referred for adoption	Died	Total
1949	25	12	20	4	61
1950	33	7	6	2	48
Totals	58	19	26	6	109

Arrangements for the care of babies where mothers not referred to hostels:—

Year of birth	Retained by mother	Fostered	Referred for adoption	Died	Awaiting final reports	Total
1949	53	2	7	5	—	67
1950	75	8	6	3	6	98
Totals	128	10	13	8	6	165

The schedule of amendments of the 1946 Act in the National Health Service (Amendment) Act, 1949, provides that local health authorities may recover from persons availing themselves of services under Section 22, charges for residential accommodation as well as in respect of articles provided. The Health Committee considered the effect of this upon the arrangements for accommodation for unmarried mothers and, in view of the difficulty of arriving at any suitable scale, they consulted neighbouring local authorities and the Diocesan Council for Moral Welfare as to the best means of making recoveries. As a result, the undermentioned arrangements will be brought into effect as soon as possible in 1951:—

- (i) that unmarried mothers who are chargeable to the County Council in moral welfare hostels be allowed to retain pocket money on the following basis:—

5/- per week when the baby's needs are provided for by the hostel.

7/6d. per week when toilet requisites for the baby are provided by the mother.

10/- per week when the mothers go out to daily work.

- (ii) that, subject to the County Council's discretion in all cases, half the contribution already paid towards maintenance be refunded on discharge, up to a maximum of £10, to those mothers who it is known will undertake the care and maintenance of their own children, the method of payment to be agreed with the voluntary organisations concerned; also that it be suggested that payment should be made by opening a post office savings bank account in the mother's name, or by paying the money into an existing savings bank account held by the mother.

CARE OF PREMATURE INFANTS.

The County Nursing Superintendent is notified immediately by the midwife of any premature birth which may occur, and special domiciliary care is given to both the mother and the infant. Every effort is made to provide adequate facilities in the home rather than in hospital which, in Norfolk, might well involve a long and difficult journey liable to have harmful effects upon the infant.

Early in 1950, the two Queen Charlotte type oxygen tents referred to in the last report were delivered. One of these is kept at headquarters and the other at the King's Lynn Local Health Office. Either tent is available for use day or night, and all interested persons have been informed as to the procedure for obtaining the loan of the tent outside normal office hours. During 1950, the tent at headquarters was taken out on five occasions. Two of the babies, although expected to be premature, were born at full term and the tent was not needed, in two cases the babies were very small and did not survive, while in the fifth case the use of the tent was the deciding factor in the survival of the child. The King's Lynn tent was not utilised.

133 premature births occurred during 1950, 70 at home, 13 in private nursing homes and 50 in regional hospital board establishments. Details are given in the following table:—

	Weight at birth	Born at home		Born in private nursing homes		Born in hospital	Total
		Nursed at home	Trans- ferred to hospital	Nursed at private nursing home	Trans- ferred to hospital		
Died in 1st 24 hours	Under 3 lbs.	1	—	—	1	2	4
	3-4 lbs. ...	1	1	—	—	2	4
	4-5½ lbs....	1	1	—	—	3	5
Died 2nd to 7th day	Under 3 lbs.	—	—	—	—	2	2
	3-4 lbs. ...	—	1	—	—	1	2
	4-5½ lbs....	2	1	—	—	8	11
Died 8th to 28th day	Under 3 lbs.	—	1	—	—	—	1
	3-4 lbs. ...	—	—	—	—	—	—
	4-5½ lbs....	2	—	—	—	2	4
Survived 28 days	Under 3 lbs.	—	—	1	—	—	1
	3-4 lbs. ...	3	1	1	—	5	10
	4-5½ lbs....	48	6	8	2	25	89
Totals		58	12	10	3	50	133

ANTE-NATAL AND POST-NATAL ARRANGEMENTS.

The County Council has no ante-natal or post-natal clinics, the care being provided by medical practitioners in all midwifery cases, but where reference to hospital for the actual confinement takes place, the women attend the appropriate hospital management committee ante-natal booking clinic. Medical practitioners are paid the appropriate fee for examination and report.

The decrease in the number of expectant mothers examined under this scheme since the inception of the National Health Service, has continued as a result of the increased facilities available through the general maternity medical service under Part IV of the Act. The numbers of examinations during the past four years are:—

Year	Patients examined ante-natally	Patients examined post-natally
1947	1180	104
1948	974*	122
1949	424	74
1950	238	82

*Includes 748 examined prior to 5th July, 1948.

INFANT WELFARE CENTRES.

The number of infant welfare centres has been increased from 46 to 49 during the year by the opening of new centres at Dersingham and Wroxham and by the upgrading of the weighing centre at Hethel. These are held as follows:—

Twice weekly	...	...	...	1
Three times a month	...	...	...	1
Twice a month	...	...	...	10
Monthly	...	...	...	35
Alternate months	...	...	...	2

All these centres are established in the larger places, sessions being held wherever possible on market days or whenever public transport is most readily available. They are staffed by doctors (usually the assistant county medical officer for the local health area who attends in an advisory capacity), health visitors and district nurse midwives, assisted by voluntary workers whose valuable assistance is greatly appreciated.

The Isle of Ely County Council has continued to provide facilities at the Wisbech centre for mothers and young children residing in adjacent fringe areas of this county.

The Health Committee has for some time been concerned as to the best method of making infant welfare centre facilities more generally available throughout the more sparsely populated areas. Obviously, 49 centres are not sufficient to cater for mothers and young children in all parts of the county, although by the end of 1949 it was realised that there were few localities with a population sufficient to justify the setting up of further full centres. The Health Committee tried the experiment of providing transport to and from the existing centres, as detailed in the last report, but this was discontinued as being too costly and impracticable. The Committee then adopted an alternative scheme of *Village Infant Welfare Centres* on the lines described in the 1949 report. These village centres have been established gradually during 1950, and it is most gratifying to be able to report that by the end of the year no less than 105 out of a proposed establishment of 111 such centres were in operation, serving the needs of nearly 200 villages. The district nurse midwives are responsible for the actual running of these centres in their respective districts and sessions are held monthly, providing regular weighing facilities and making welfare foods and medicaments readily available to mothers and young children not catered for by the

full infant welfare centres. The assistant county medical officer for the local health area visits at intervals in an advisory capacity. The Council is grateful for the invaluable help given voluntarily by local residents, a number of whom even make suitable rooms available at a nominal fee, usually not more than 10/- per session.

VOLUNTARY WEIGHING CENTRES.

Apart from the 49 full centres and the 105 village centres, there are still 33 voluntary weighing centres functioning regularly. In addition to these, a further 5 voluntary centres were operating at the end of the year at R.A.F. camps in the county. These centres are intended to serve the needs of the R.A.F. families, and equipment and voluntary helpers are supplied by the R.A.F. stations. At most of these centres the station medical officer attends when his official duties permit. The Council's health visitors and/or the district nurses also attend and arrange for the provision of welfare foods and medicaments.

Details of attendances are as follows:—

		First attendances	Total attendances
<i>Full centres (49):</i>			
Under 1 year of age	...	1,873	14,260
Over 1 year of age	...	648	13,116
		<hr/> 2,521	<hr/> 27,376
Attendances in 1949	...	...	23,679
Increase over 1949	...	...	<hr/>3,697
<i>Village centres (105):</i>			
Under 1 year of age	...	...	5,014
Over 1 year of age	...	...	6,707
			<hr/> 11,721

WELFARE FOODS AND MEDICAMENTS.

The scheme for the supply of welfare foods and medicaments has been continued without alteration. Welfare foods are available for sale at cost price, or free in necessitous cases, whilst medicaments are issued free when recommended on medical grounds by medical officers of welfare centres, general practitioners or district nurses. The number of applications from necessitous persons for the free supply of welfare foods is now negligible. The effect of the extension of welfare centre facilities is illustrated in the following table of issues of the various commodities during the past three years:—

WELFARE FOODS.	1948	1949	1950
Dried Milk	26,462 lbs.	27,263 lbs.	31,659 lbs.
Brand's Strained Foods	1,528 tins	645 tins	596 tins
Farex	1,811 pkts.	1,617 pkts.	2,012 pkts.
Brestol	236 tins	405 tins	360 tins
Midlothian Oat Food...	513 tins	529 tins	433 tins
Scott's Baby Cereal	869 pkts.	924 pkts.	1,328 pkts.
Bemax	—	—	327 pkts.
Robrex	—	—	759 pkts.

MEDICAMENTS.

Adexolin	...	...	356 botts.	818 botts.	1,081 botts.
Parrish's Food	...	...	161 botts.	252 botts.	287 botts.
Virol	...	...	4,224 carts.	6,737 carts.	12,903 carts.
Maltoline	...	...	476 jars	2,163 jars	2,600 jars
Maltoline with Iron	...	...	879 jars	2,676 jars	3,782 jars
Glucose	...	...	1,719 pkts.	2,332 pkts.	2,190 pkts.
Halibut Liver Oil	...	...	1,342 phls.	5,422 phls.	7,385 phls.
Iron Tablets	...	...	8,100 tabs.	42,600 tabs.	63,100 tabs.
Ostocalcium	...	...	21,800 tabs.	45,200 tabs.	45,000 tabs.
Vitamin C.	...	...	2,250 tabs.	9,200 tabs.	9,000 tabs.
Lactagol	...	...	743 tins	2,736 tins.	5,248 tins
Malt Extract and Cod Liver Oil	...	...	—	—	194 tins

DENTAL TREATMENT.

The Senior Dental Officer reports—

Since my last report, the authority has not succeeded in filling any of the vacant appointments to the dental staff. It is not surprising, therefore, that the number of expectant and nursing mothers and young children treated under the authority's scheme remains quite insignificant when the figures recorded below are compared with the approximate total for 1950 of 5,000 expectant mothers and 31,000 pre-school children.

No very great effort can be made to obtain an increase of staff until the recommendations of the Whitley Council dealing with local government dentists' salaries have been announced and implemented.

Cases treated and treatment provided:---

Expectant and nursing mothers	...	...	95 (or 1.9%)
Dentures	...	...	34
Fillings	...	...	39
Scalings	...	...	2
Dressings	...	...	11
Extractions	...	...	327
X-ray	...	...	1
Pre-school children	...	...	129 (or 0.4%)
Fillings	...	...	4
Dressings	...	...	233
Extractions	...	...	155

DAY NURSERIES.

There are no day nurseries in the county.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Three persons were registered under this Act for a total of 30 children. There are now seven registrations with facilities for 42 children (two premises for a total of 8 children and five daily minders for a total of 34 children).

BIRTH CONTROL.

The Norwich Mothers' Clinic and the Cambridge Clinic organised by the Cambridge Women's Welfare Association, provide constructive birth control facilities for mothers residing in the county. Annual grants are made by the Council to each association for services to Norfolk mothers. Patients may make their own arrangements direct with these clinics, but medical practitioners do refer cases through this office, where they consider that further pregnancies would prove detrimental to the health of the mother. Five such cases were referred to the clinics during the year.

NOTIFICATION OF BIRTHS.

5,236 live and 80 still births were notified.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.

In July, the Home Office, Ministry of Health and Ministry of Education issued a joint circular dealing with the steps which they thought should be taken to prevent the neglect or ill-treatment of children in their own homes. The circular pointed out that the action to be taken on the discovery of neglect or ill-treatment must necessarily depend on the circumstances of the case as these conditions were due to quite a variety of causes. While, in some cases, prosecution and the removal of children might be the only possible course, in many others it would be feasible to remove or mitigate the cause of neglect by social action.

Attention was drawn in the circular to the fact that local authorities in their capacities as health authority, education authority, housing authority and as the authority for the purpose of the Children Act, 1948, had powers to assist families and so avoid the enforced removal of children from their homes. In addition, the National Assistance Board and a number of voluntary organisations were also concerned in some way or other with the problem. The purpose of the circular was to ensure that there should be co-ordination of the statutory and voluntary services and the County Council was asked to see that the most effective use was made of existing resources.

One of the suggestions in the circular was that the County Council should designate an officer to be responsible for enlisting the interest of those concerned and devising arrangements to secure full co-operation among all the local services, statutory and voluntary, which were concerned with the welfare of children in their own homes and the Council decided that the Children's Officer should be designated as the co-ordinating officer for this purpose.

V. MIDWIFERY SERVICES.

The Norfolk County Nursing Association has continued to act as the agent of the Council for the provision of a domiciliary midwifery service in accordance with the agreement entered into in 1948 and detailed in my report for that year. 146 district nurse midwives were employed by the Association at the end of the year.

PRACTISING MIDWIVES.

During the year, 251 midwives gave notice of their intention to practise in the county, 33 ceased to practise and at the end of the year there were 218 on the register. The supervisor of midwives and the assistants made 510 visits of inspection during 1950.

EMERGENCY MEDICAL AID.

Midwives are required, in accordance with the rules of the Central Midwives' Board, to summon medical aid in specified conditions of emergency and to notify the local supervising authority that they have done so. In 1949 there was a marked decline in the number of such cases and this was attributed to the increased maternity services provided by medical practitioners through the Executive Council under Part IV of the National Health Service Act, 1946. This decline continued throughout 1950, the number of cases dealt with in each of the last three years being:—

1948	...	...	...	...	615
1949	...	...	...	...	407
1950	...	...	...	...	286

211 of the calls last year were for midwifery cases, 59 for maternity cases and the remaining 16 were in respect of institutional confinements.

CONFINEMENTS.

The development of the general practitioner obstetrician service under Part IV of the Act, in relation to the Council's midwifery services, was commented on in the 1949 report. The following indicates the position in 1950 in relation to that for 1949:—

	1949	1950
Attended by district nurse midwives:		
Midwifery cases	2,037	2,113
Maternity cases	2,117	1,676
	<hr/>	<hr/>
	4,154	3,789
Confinements in county homes	74	19
Confinements in hospitals	568	1,019
Private confinement cases	572	485
	<hr/>	<hr/>
	5,368	5,312
Visits made—		
Maternity and midwifery	76,486	64,581
Ante- and post-natal	31,585	27,303

The decline in the number of domiciliary confinements with a doctor present at the actual confinement, is also worthy of note. Of the 3,789 domiciliary confinements during the year, 1,055 (28%) were dealt with entirely by the district nurse midwives, no doctor having been booked by the patient for the confinement. The remaining 2,734 (72%) engaged the services of a doctor. Of these, 1,676 (61%) had doctors present at the actual confinements and the district nurse midwives acted as maternity nurses. The remaining 1,058 (39%) were attended at the actual confinement by the district nurse midwife and these, with the original 1,055, make up the midwifery cases total of 2,113. The percentage of persons not booking doctors remains virtually the same as last year but the percentage of cases in which the doctor was actually present at the confinement dropped from 70% to 61%.

ANALGESIA.

128 domiciliary midwives practising in the county were qualified to administer gas and air analgesia at the end of the year, an increase of 26 since the end of 1949. A further 24 sets of apparatus have been obtained and there

are now 121 sets in use in the county by the district nurse midwives. Analgesia was administered by midwives in 1,540 cases (941 midwifery and 599 maternity) as compared with a total of 1,149 cases the previous year. Before analgesia is administered, a certificate of fitness is obtained from a medical practitioner. This certificate is issued free of charge in accordance with the National Health Service (General Medical and Pharmaceutical Service) Amendment (No. 2) Regulations, 1949, but the Council continues to supply the forms for the purpose.

OPHTHALMIA NEONATORUM.

8 cases were notified during the year in respect of one institutional and 7 domiciliary confinements. In no case was it necessary for the patient to be admitted to hospital and there was no impairment of vision.

PUERPERAL PYREXIA.

15 cases of puerperal pyrexia were notified, 13 in respect of domiciliary, and 2 in respect of institutional confinements. In all cases the necessary facilities were available for treatment.

VI. HEALTH VISITING.

The establishment of health visitors (including those who act as part-time or whole-time school nurses but excluding tuberculosis visitors) was reduced temporarily from 40 to 30 whole-time staff (or their equivalent) because of the unlikelihood of the larger number being recruited. The staff at the close of the year comprised 1 part-time and 19 full-time officers. It is estimated that the equivalent of 12 full-time staff were employed in school nursing duties, leaving the equivalent of 7 full-time and 1 part-time for duties under Section 24 of the National Health Service Act. In addition to these, however, 122 district nurse midwives employed by the Norfolk County Nursing Association devoted part of their time (estimated at 20% or the equivalent of 24 whole-time officers) to this work.

The Council is still offering scholarships to student health visitors, subject to an undertaking to work in Norfolk for a minimum period of two years after qualifying, but, owing to the lack of applicants, no scholarships were awarded.

The following table gives a summary of the work of the health visitors during the last five years:—

Year.	Ante-natal visits	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1946	22,624	5,018	100,856	123,480
1947	22,887	5,785	100,712	123,599
1948	20,964	5,589	106,310	127,274
1949	16,692	5,101	101,570	118,262
1950	14,466	4,720	91,347	110,533

In addition to the staff engaged upon normal health visiting, 2 full-time tuberculosis health visitors are employed. Details of their work are included in a subsequent section dealing with tuberculosis.

VII. HOME NURSING.

The Norfolk County Nursing Association is also the agent of the County Council for this service. 4 nurses were engaged whole-time in home nursing whilst 142 district nurse midwives devoted part of their time to this work. It is estimated that this gives the equivalent of 50 whole-time nurses for home nursing duties.

				1949	1950
Cases attended	...	...	...	10,397	11,427
Visits made	...	...	...	158,898	158,273

It is interesting to note that although 1,030 more cases were attended, there was a small decline in the number of visits. This may be due to the fact that up-to-date treatment produces more speedy results and thereby reduces the number of visits necessary per case. Furthermore, while good work is done by the nurses for elderly or bedridden patients, the changed outlook regarding the care of old people has tended to reduce the number of permanent bed cases living at home.

VIII. HOUSING ACCOMMODATION FOR DISTRICT NURSES.

At the 31st December, 1950, there were 150 district nurses employed in the Administrative County of Norfolk and these nurses were, at that date, accommodated as under:—

Living in own house.	Renting district council house	Renting property other than council house.	Renting property held in trust by the County Nursing Association.
25	47	48	30

It is the ultimate policy of the Council to provide a standard type of house specially designed to meet the needs of district nurses, with a district room, but this is essentially a long-term project. At the present time, the Council is consulting district councils in the matter of securing suitable sites and the allocation of council houses where existing housing arrangements for nurses are unsatisfactory. As will be seen by the above figures, district councils are co-operating very well.

At the end of the year, the original standard type of nurse's house was being erected in one nursing district, and approval had been received for the building of another. However, rising costs have made it necessary to modify the type of house to be built and the Ministry of Health has approved a modified design submitted by the County Architect which will, it is hoped, keep the cost of the house within reasonable limits and enable the Council to continue building in districts where the housing problem is most acute.

IX. VACCINATION AND IMMUNISATION.

VACCINATION.

1,346 children under the age of one year, 23.4% of the number of births, were vaccinated during 1950 compared with 20% in 1949. These figures are by no means satisfactory and renewed efforts are called for to increase the percentage still further. A leaflet has been prepared which, by permission of the Registrar-General, is distributed to parents when they register the births of

their children. Medical practitioners have also been invited to put copies in their waiting rooms and a large number has agreed to do so. Health visitors, district nurses and medical officers of welfare centres do all they can to encourage parents to have their children protected.

1,920 reports of vaccination and 470 of re-vaccination were received during the year. The following table gives age groups and figures for 1949 and 1950 for comparative purposes:

Age group	Vaccination		Re-vaccination	
	1949	1950	1949	1950
Under 1 year ...	1,095	1,346	—	3
1—4 years ...	367	324	14	15
5—14 years ...	78	107	36	61
15 years and over ...	108	143	263	391
	—	—	—	—
	1,648	1,920	313	470
	—	—	—	—

INTERNATIONAL CERTIFICATES.

Persons travelling abroad are required to produce evidence of vaccination within a period of three years, on the prescribed international certificates. These are issued through the travel agencies, the patient's own doctor carries out vaccination or re-vaccination, fills in the details and the certificate is then *referred to the Medical Officer of Health for the area in which the doctor resides* for counter-signature to give the necessary statutory evidence of the authenticity of the document.

DIPHTHERIA IMMUNISATION.

Diphtheria immunisation is best carried out shortly before the child's first birthday and, as the degree of immunity subsequently declines, "booster" doses should be given at the ages of five and nine. Every effort is being made to keep the importance of immunisation before the general public and more particularly the parents of young children. Pamphlets setting out the advantages of immunisation are distributed by the registrars of births, literature obtained from the Central Council for Health Education is distributed by health visitors and district nurses, and health visitors and medical officers of welfare centres are constantly reminding parents of the need for immunisation. In addition, the birthday card, prepared specially by the Central Council for Health Education, is sent to parents on the occasion of their child's first birthday in all cases where immunisation has not been carried out.

The campaign towards 100% immunisation among the child population of Norfolk does not, however, cease at the age of one year, and parents who have not had their children treated in early childhood are constantly being reminded of their duty in this direction, whilst at school medical inspections the medical staff stress the need for "booster" doses every four to five years. Immunisation is carried out at welfare centres by the Council's medical staff and at surgeries and homes by general medical practitioners.

The following table has been completed from reports from each local health area and is based upon record cards received in respect of the twelve months ended 31st December, 1950:—

Area	Primary immunisation			Booster doses
	0-5 years	5-14 years	Total	
1	493	349	842	416
2	278	6	284	12
3	279	270	549	489
4	442	208	650	691
5	175	47	222	153
6	358	110	468	909
7	265	55	320	36
8	312	68	380	234
9	477	164	641	460
Totals	3,079	1,277	4,356	3,400

Number of children known to have been immunised at any time up to the 31st December, 1950:—

		No.	Percentage	
	Population	immunised	of population	*
Under 5 years of age ...	30,980	14,615	47.17	(47.4)
5—14 years of age ...	50,650	40,686	80.32	(76.0)
	81,630	55,301	67.74	(65.0)

*1949 figures.

6 cases of diphtheria were notified during 1950 but 1 was subsequently diagnosed as tonsillitis although the diagnosis was not corrected. This figure compares with 136 in 1940, and with 5, 8 and 10 in 1949, 1948 and 1947 respectively. No deaths from the disease have occurred since 1946.

X. AMBULANCE SERVICE.

INFECTIOUS DISEASE TRANSPORT.

The arrangement whereby the Council directly provides transport in infectious disease cases has continued throughout the year. The old ambulance at King's Lynn became unserviceable and was replaced by one of the two infectious disease ambulances stationed at East Dereham. The Council also disposed of one of the two sitting-case cars at East Dereham, experience having shown that the one ambulance at King's Lynn and the one ambulance and one sitting-case car at East Dereham are normally sufficient for the infectious disease transport needs of the county.

The joint arrangements with the East Anglian Regional Hospital Board for the garaging and driving of the East Dereham vehicles have been reviewed and the Council now employs a full-time driver. The ambulance and the car are still garaged at the East Dereham Isolation Hospital, the Council paying agreed rental charges.

Concerning the arrangements at King's Lynn, the King's Lynn Borough Council is still co-operating in the matter of the provision of a part-time driver and a relief, to whom the County Council now pays retaining fees.

The infectious disease ambulances dealt with 289 calls during the year, conveying 312 patients with a total mileage of 13,289. The cars responded to 299 calls in respect of 306 patients transported, the total car mileage being 11,633.

GENERAL AMBULANCE SERVICE.

The general ambulance service continues to operate under the agency agreement with the voluntary organisations as outlined in the 1948 report. These arrangements for all ambulance and car service transport (other than infectious disease) are co-ordinated through a Joint Ambulance Committee upon which members of the Council and the voluntary organisations concerned have equal representation.

The Council reimburses the voluntary organisations by payment of agreed mileage rates. The rate continued at 1/6 per mile for ambulances, but the car service allowance of 6d. per mile was increased to 6½d. per mile with effect from 19th April, 1950.

AMBULANCES.

The demands upon the ambulance service have remained fairly constant for the past 2½ years, with only a small average monthly increase in the numbers of patients conveyed, mileage involved and cost. Graph A illustrates the working of the scheme for the past 2½ years, the average monthly figures being:—

		Patients	Mileage	Cost £
1948	...	586	17,563	1,360
1949	...	655	18,389	1,470
1950	...	747	20,810	1,620

During 1950 the agency ambulances made a total of 7,899 journeys (including 1,485 accident and other emergency calls) and conveyed 8,847 patients. The mileage involved was 249,746.

CAR SERVICE.

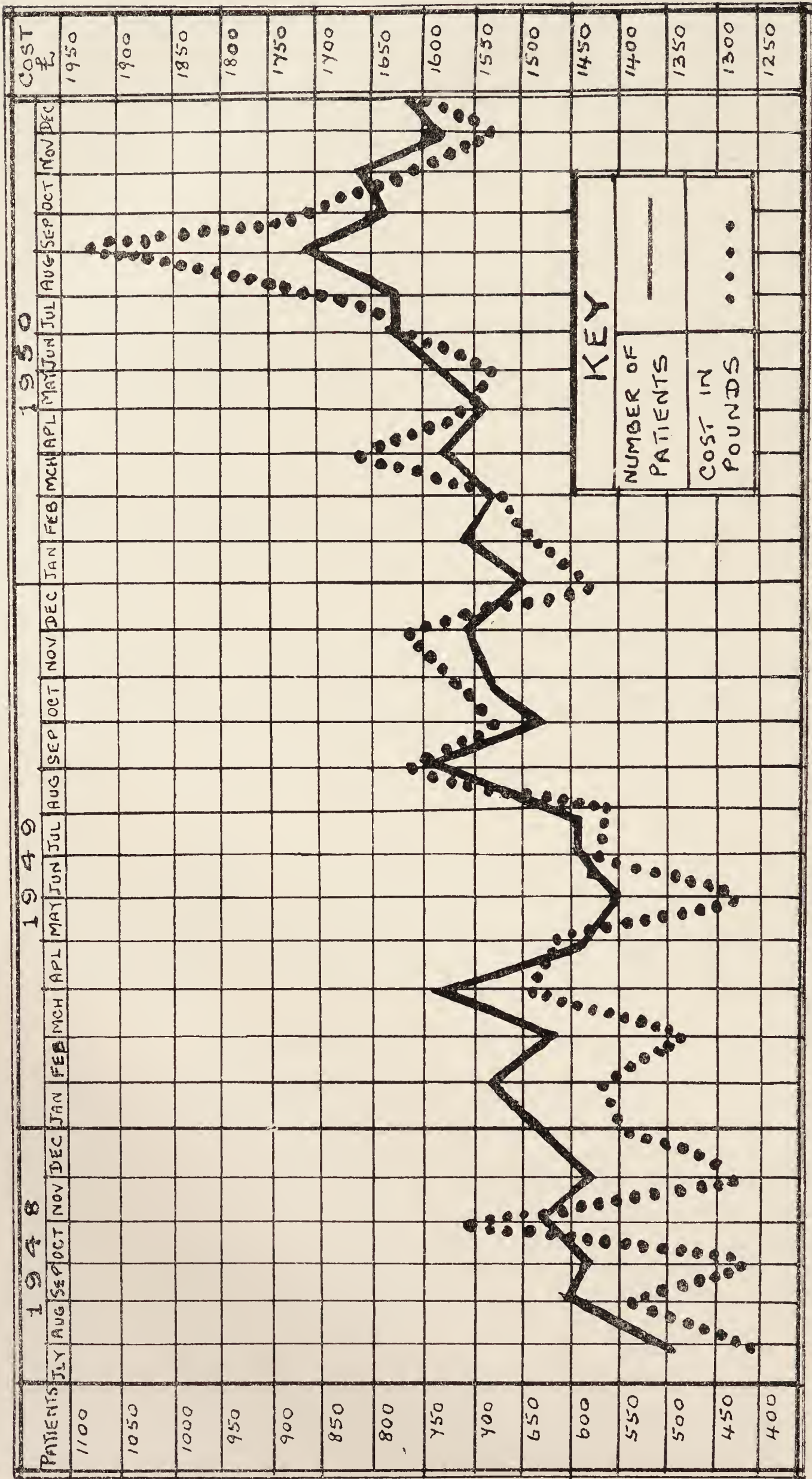
The heavy demands upon this service have continued and have been the constant concern of the Health Committee throughout the year. The utmost co-operation of the hospital staffs and medical practitioners has been enlisted in the task of reserving the sitting-case car service solely for the transport of patients who are certified to be unfit, *for medical reasons*, to travel by other means. Even so, in a large rural county such as this there are many difficulties in connection with the journeys of patients to and from hospitals. The Health Committee has, in the past year, adopted a system of limited medical certificates. These authorise car transport to and from the nearest public transport stages for those patients who, by reason of medical disability, could not otherwise make the journey to and from the treatment centre.

Everything possible is being done to impress upon the public the fact that free use of the Council's ambulance and car services is only available to persons who are medically unfit to travel by other means. For some time,

GRAPH A.

NATIONAL HEALTH SERVICE ACT, 1946—Section 27—AMBULANCE SERVICE

AMBULANCES—Graph illustrating statistics given on page 27



however, instances of private hire have been referred to the Council and the Health Committee has been prepared to make a refund, where the medical need is established, of an amount equivalent to what would have been the cost to the Council if the official service had been called upon. However, the Ministry of Health has indicated that the Council's expenditure on this service should be limited to meeting the costs of authorised journeys so that no refund of private hire charges is now possible.

Notwithstanding careful supervision, the mileage and cost have continued to increase in the manner illustrated in Graph B. During July-September, 1948, the car service was conveying less than 1,000 patients a month, but during 1950 the monthly average was 2,716 cases with a total mileage of 1,050,751 for the year, an average of 87,563 per month. Whereas in July, 1948, the service was costing the Council £499 per month, the average monthly cost had risen to £2,400 in the past year.

In December, 1950, the number of volunteer car owner-drivers on the car service register was 379. They undertook 26,391 journeys and conveyed 32,591 patients during the year. The thanks of the Council are expressed to these volunteer owner-drivers without whose whole-hearted and efficient co-operation it would not have been possible to cope with the heavy demands made upon the service.

MUTUAL ASSISTANCE ARRANGEMENTS.

These continued with neighbouring authorities at the agreed rate of 2/- per mile for ambulances and 6d. per mile for cars.

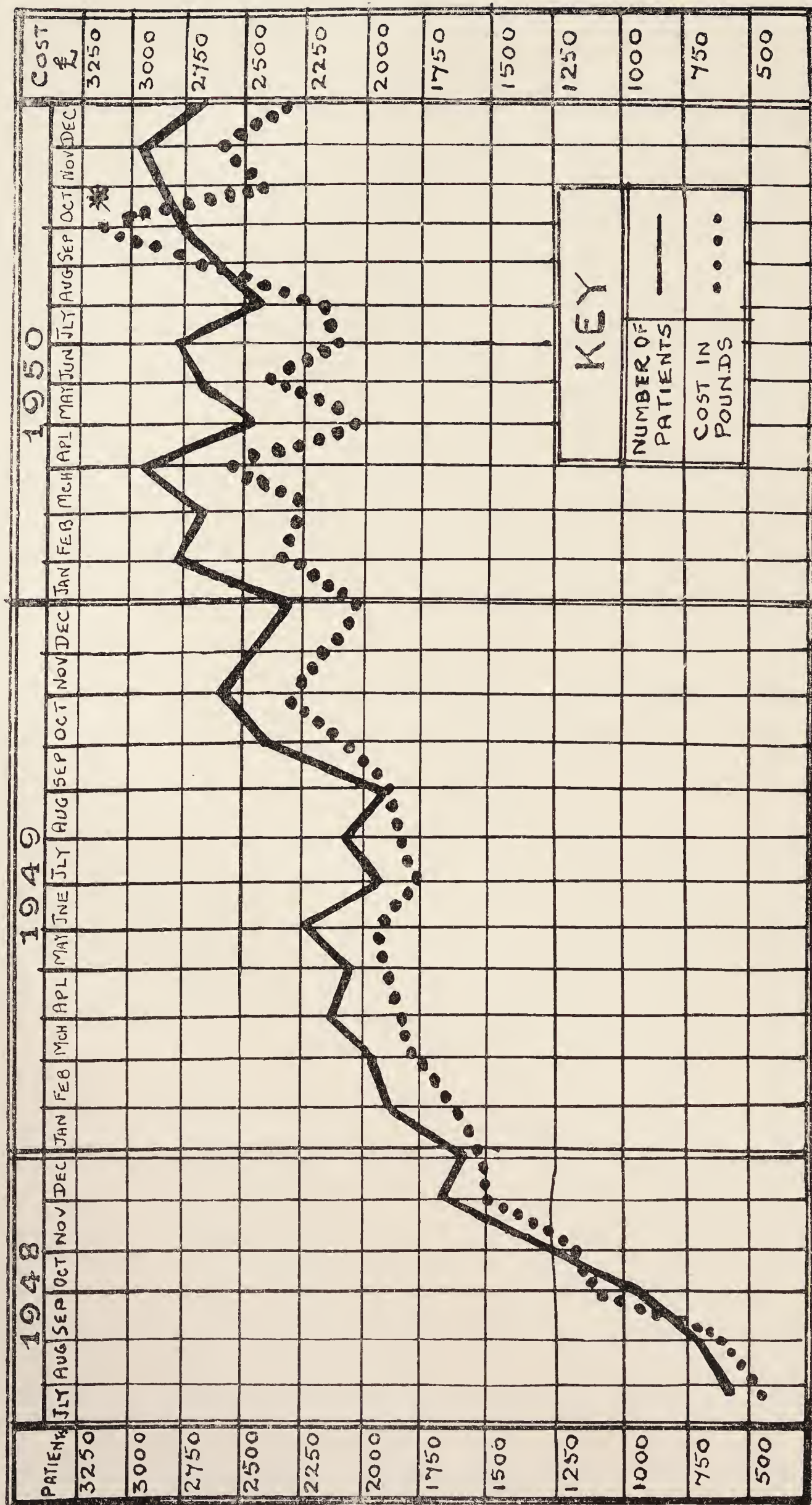
NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949.

This Act came into force in December, 1949. Section 24, which deals with the ambulance service, transferred *financial* responsibility for the transport of patients by ambulance or sitting-case car from the authority for the area in which the hospital is situated to the authority for the area from which the patient is admitted. It does not alter in any way the entitlement of the authority in whose area a hospital is situated to do the actual removals, although the authority may waive this right.

The experience of the last twelve months has shown that these revised arrangements will prove to be rather costly to this county. The hospitals to which the majority of patients are admitted are situated in Norwich and this means that the County Council is having to pay rather large amounts to the Norwich County Borough Council for the conveyance of a large proportion of cases on discharge. However, representatives of both authorities have had discussions and, by special arrangement, the arrival of Norfolk ambulances and cars at Norwich hospitals with cases for admission is reported to the Norwich ambulance authority who make use of these vehicles wherever possible for returning patients, provided that this does not have the effect of involving them in loss by reason of their own vehicles being unused. This arrangement was brought into operation in April, 1950, and throughout the remainder of the year, Norfolk ambulances and sitting-case cars, totalling 791 vehicles, were made available to Norwich and a proportion of these were utilised to the extent of conveying home 219 patients.

GRAPH B.

NATIONAL HEALTH SERVICE ACT—Section 27—AMBULANCE SERVICE
SITTING CASE CARS—Graph illustrating persistent increase in scope and cost—(see page 29)



* Mileage allowances increased from 19th April, 1950. Adjustments made during September.

XI. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

TUBERCULOSIS.

In January, 1950, the East Anglian Regional Hospital Board filled the vacancy for a chest physician at the West Norfolk and King's Lynn General Hospital, serving the west of the county, by the appointment of Dr. G. F. Barran (Dr. E. Holmes Watkins, a member of the medical staff of the hospital, had temporarily carried on these duties following the death of Dr. H. B. Hodson in April, 1949). With the new appointment, the agency arrangements operated by the County Council on behalf of the East Anglian Regional Hospital Board for the western part of the county, were terminated. (Agency arrangements for the eastern part were terminated in November, 1949, as detailed in the last report.) By arrangement with the hospital board, the Council has joint user of the services of the two chest physicians (King's Lynn and Norwich) and pays a proportion of their salaries and expenses. This has worked very well and is ensuring the closest possible co-ordination of all services concerned with tuberculosis.

B.C.G. VACCINATION.

During the previous year, the Ministry of Health agreed to an addendum to the Council's proposals under Section 28 of the National Health Service Act, 1946, to enable the chest physicians to undertake, on behalf of the Council, B.C.G. vaccination in suitable cases. This vaccination is carried out among persons in contact with definite cases, subject to satisfactory preliminary tests. Efforts are made to isolate these contacts from known sufferers during the six weeks following the preliminary tests and for a further period after vaccination. As many of the contacts to be vaccinated are children, difficulties are likely to arise in this connection although arrangements may be made for them to live temporarily with relatives or friends. The Health Committee has submitted amended proposals to the Minister which seek to provide for the boarding-out of cases, where this may be necessary, for a period of twelve weeks. The majority of persons vaccinated with B.C.G. during the year were contacts of parents or relatives with active disease and were vaccinated while the cases were in sanatoria. The numbers dealt with during the year were:—

		0—5 years	5—15 years	16 years and over	Total
West Norfolk	...	12	10	16	38
East Norfolk	...	32	29	—	61
		<hr/>	<hr/>	<hr/>	<hr/>
Totals	...	44	39	16	99
		<hr/>	<hr/>	<hr/>	<hr/>

TUBERCULOSIS HEALTH VISITORS.

The two tuberculosis health visitors (Norwich and King's Lynn) are providing a most effective link between treatment and after-care as they attend all chest clinics. This arrangement was explained in my report for 1948 and experience has proved the wisdom of basing their work upon the chest clinics.

REVOLVING SHELTERS.

These are loaned to patients free of charge on the recommendation of the chest physicians. In necessitous cases bedsteads and mattresses are also

loaned free of cost. These arrangements apply normally to pulmonary cases not suitable for sanatorium treatment where housing or family circumstances do not permit of separate sleeping accommodation. At the beginning of the year, 119 of the 158 shelters were in use but by the end of the year the number in use had dropped to 79 and the number in store had increased from 39 to 79. This is the largest number accumulated in store since they were introduced in 1921, and it is suggested that recent developments in drug therapy and the increase in the number of cases treated by surgical measures are tending to decrease the numbers of the "chronic sick" type of tuberculous patient. Furthermore, the position regarding beds in sanatoria and hospitals has improved and constant efforts to obtain improved housing conditions for tuberculous patients and their families are becoming increasingly effective.

EXTRA NOURISHMENT.

Milk is supplied free of charge when recommended by the chest physicians and where the financial circumstances of the patient are within the scale published jointly by the Associations of Local Authorities and issued by the Ministry of Health with circular 100/48. Grants of milk were made to 59 such cases, 118 patients were supplied with maltoline, 46 with maltoline and iron and 8 with cod liver oil, in accordance with the recommendations of the chest physicians.

REHABILITATION.

The Council's Scheme under Section 28 of the National Health Service Act, 1946, provides for the payment of rehabilitation fees at colonies in cases recommended by the chest physicians and accepted by the colonies as suitable. No cases were, however, colonised during the year although several were recommended. Unfortunately, one patient suffered a relapse, another was found ultimately to be unsuitable and others were prevented by domestic reasons from undertaking colonisation at Papworth.

NOTIFICATIONS.

The number of new cases reported by formal notification during the year was 347 (256 pulmonary and 91 non-pulmonary). It was stated in the previous report that 36 cases seen during 1949 remained unnotified. 24 of these have since been notified and are included in the figures for this year. Regarding the residue of 12 unnotified 1949 cases, it has been agreed, in consultation with the chest specialist concerned, to leave these under observation for a further period before making a definite diagnosis.

The following table shows the number of new cases reported and case rates per 1,000 of the population during the past 5 years:—

Year		No. of pulmonary cases	Case-rate	No. of non- pulmonary cases	Case-rate
1946	...	284	0.85	113	0.34
1947	...	215	0.62	121	0.34
1948	...	239	0.68	87	0.25
1949	...	218	0.62	91	0.26
1950	...	232	0.64	91	0.25

Mortality figures for the same five years are:—

Year		No. of pulmonary cases	Case-rate	No. of non- pulmonary cases	Case-rate
1946	...	94	0.28	26	0.07
1947	...	89	0.26	25	0.07
1948	..	103	0.29	30	0.08
1949	...	100	0.28	13	0.04
1950	...	72	0.19	12	0.03

The numbers of definite cases on the after-care register at 31st December, 1950, were:—

		Male	*	Female	*	Total	*
Pulmonary	...	513	(596)	417	(415)	930	(1011)
Non-pulmonary...		115	(161)	114	(173)	229	(334)
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		628	(757)	531	(588)	1159	(1345)
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

*Corresponding figures for 1949.

The numbers show a decrease on the previous year. This has been due to the removal from the register of cases which have declined visits by tuberculosis health visitors and patients in County Homes and mental hospitals where after-care is provided by the staff.

REPORTS OF CHEST PHYSICIANS.

Dr. Christopherson, chest physician for the eastern portion of the county, reports:—

“During 1950 we vaccinated with B.C.G. 32 children below the age of five and 29 from five to fifteen; none over this age. These were nearly all contacts of parents or relations with active disease and a good many of them were vaccinated while the latter were under treatment in sanatorium. Preliminary cutaneous tests were performed prior to vaccination and, of course, only the negative reactors vaccinated. In all those vaccinated, Mantoux conversion was obtained.

522 adult and child contacts were seen for the first time during the year, although many others referred in previous years have also been followed up and seen periodically.

During the year, a total of 820 new patients attended the clinic. It is hardly necessary to add that only a small percentage of the new cases were found to be suffering from pulmonary tuberculosis.

The Council's tuberculosis health visitor has attended our chest clinics and refill sessions regularly. This has proved a very valuable link between the clinical and public health sides of the work.”

Dr. G .F. Barran, chest physician for the western portion of the county, writes:—

“The year 1950 is the first full year following the termination of the agency arrangements undertaken by the County Council on behalf of the East Anglian Regional Hospital Board for the treatment of tuberculosis. It has been a year during which the chest clinic service, which includes the welfare of the tuberculous as its most important task, has been run by the established methods found satisfactory in the past.

It was, however, inevitable under the National Health Service Act, with the major change involving the divorce of the responsibility for treatment by the Hospital Board, from the responsibility for prevention and care work by the Local Authority, that a general review of the service should have taken place. The administrative structure under the new Act has been much criticised on the grounds that the divided responsibility will lead to inefficiency, but the management of tuberculosis (it is being increasingly recognised of other diseases too) covers so large a field, clinical, social and industrial, that an entirely watertight system for the one disease may not prove to be either practicable or desirable. The new arrangement, although it may be modified, is unlikely to be radically changed and it is clearly essential for the chest physician, primarily a member of the staff of the Regional Hospital Board, to act, on matters appertaining to prevention and care work, in the closest collaboration with the medical officer of health. Success will largely depend on the degree of co-operation between the two and it is pleasing to be able to record that during the year, personal contact and a practical liaison have been firmly established. No doubt modifications and developments will be made but powers under the Act are available and, subject to the restriction of the country's economy, are in the main being satisfactorily employed.

NOTIFICATIONS.

The number of new pulmonary cases notified shows a considerable increase over that of the previous year but although this is a disquieting feature it is very doubtful whether there is a true rise in incidence; improved methods of case finding, a greater awareness of the disease and differing criteria for notification play their part in explaining the apparent increase. It is interesting to note that of the 43 new cases of pulmonary tuberculosis in King's Lynn, no less than 15 (8 open cases) were found as a result of the visit of the Mass Radiography Unit to the town. Until there is a more general agreement in the country as a whole, as to what cases of tuberculous infection should and what cases should not be notified, the morbidity figures will continue to be misleading. A lead from the Ministry in this matter is long overdue.

MORTALITY.

The number of deaths in the Council's area shows a most gratifying fall from 100 in 1949 to 72 in 1950, by far the lowest figure ever recorded. The improvement in the social conditions of the people continues to play its part but the advent of new drugs has provided weapons, unknown in the past, which have a specific action on the tubercle bacillus; thus the case managed on conservative lines is more satisfactorily treated and the way has been laid open for more radical methods of surgical intervention. There is little doubt that, provided effort is not relaxed, the prospects of mastering the disease are now better than at any time in the past. Much, however, remains to be done and the death rate in adolescent and young adult women remains disproportionately heavy and is the most serious problem awaiting solution. Is it too much to hope that B.C.G. vaccination when it is properly under way will be of real help in reducing the persistently high mortality at this age?

CONTACT EXAMINATION.

The number of contacts examined per notified case averages 2.25. It is now unusual for persons to refuse examination and it is more common to receive a request for an examination which is not really essential than a refusal for one that is. This satisfactory state of affairs is a tribute to the work of the tuberculosis health visitor but is also a result of an enlightened health propaganda and of a greater awareness of the need.

MASS MINIATURE RADIOGRAPHY.

This valuable method of case finding is the concern of the Regional Hospital Board and during the summer one of the two units available in the Region visited the area and did most useful work. The number of active cases of pulmonary tuberculosis brought to light by this means totalled 19 for the western half of the county.

VACCINATION WITH BACILIE CALMETTE-GUERIN: (B.C.G.).

The majority of the contacts of all open cases of tuberculosis who were found to be tuberculin negative were successfully vaccinated with B.C.G. by the end of the year. Early in 1951 the remainder of the contacts, those of the closed cases, will have been covered. Full completion will, however, await satisfactory arrangements for the boarding out of a few children whose contact with tuberculous infection cannot be broken for the necessary periods of six weeks before and after vaccination. A further development in the campaign will be an extension to cover children in their final term at school, who are thus due to leave the relatively sheltered environment of home and school and be subjected to an increased strain and possibly also to a greater chance of contact with tuberculous infection. With this in view, detailed arrangements have been made for the introduction of the vaccine, on a voluntary basis, into the King's Lynn schools during 1951. By enhancing the natural immunity of the adolescent in this artificial manner, it is hoped appreciably to influence the incidence of the disease.

HOUSING.

The unsatisfactory living conditions under which many families live is acknowledged as a national problem. Whilst in many instances the living conditions of tuberculous persons leave much to be desired, it is gratifying to acknowledge that the most necessitous cases receive sympathetic consideration from the housing departments.

HOME HELPS.

It has been agreed that no woman should be asked to work in the house of a tuberculous patient unless she has been versed in precautionary methods and is of an age when her resistance to infection is high. These safeguards have made it difficult on occasions to find suitable home helps and has lead to an inability to provide assistance in the home when it is urgently needed.

TREATMENT ALLOWANCES.

The special allowances for tuberculous patients and their dependents, previously covered by Memo 266/T, which are now payable through the National Assistance Board, is one of the major advances of recent years

in the provision of social services for tuberculous families. The existing arrangements whereby the Assistance Board's Officer is immediately informed by the chest physician of a new case anxious to receive assistance, reduces delay to a few days and is a procedure working satisfactorily in practice. Whilst, with the rising cost of living, an increase in the scale of allowances would be welcome and may become essential, more generous treatment is no doubt limited by the many demands on the public funds. In cases of hardship, the County Council's Care Committee and voluntary organisations such as the Order of St. John, the British Red Cross Society and the British Legion, continue, on the recommendation of the chest physician, to give valuable help in kind by providing such articles as beds, bedding, shelters, nursing requisites and milk.

REHABILITATION.

One of the greatest problems in the welfare of tuberculous patients is their re-employment after the conclusion of the initial stages of treatment. It is the duty of the disablement rehabilitation officer (D.R.O.) under the Disabled Persons (Employment) Act, 1944, to help in the placing of disabled persons (amongst whom are the tuberculous) in suitable employment and he may, if necessary, previously arrange training at an industrial rehabilitation centre. He is assisted by a provision in the Act whereby any employer of more than 20 persons must accept a certain proportion of registered disabled persons on his staff. Valuable help is given by the D.R.O in this way but he is hampered by the many demands on his resources, and there is no doubt that a retraining centre especially suited to the needs of the tuberculous subject, such as that at Papworth and Preston Hall, is the most helpful scheme so far devised. Such an arrangement whereby patients in the later stages of treatment can be accepted as trainees under the Ministry of Labour and given financial help whilst they remain in training, later proceeding if they wish to full employment in the light industries of the colony, is most valuable; it is hoped that increasing use will be made of the opportunities thus afforded.

One important group of the community, however, remains uncovered, those who are never likely to be fit for anything approaching continuous employment and who are a danger to their fellows by reason of their infectivity. In densely populated areas, suitable hostels with the provision of sheltered work is likely to be of value, but in rural districts with a scattered population, it is a problem of great difficulty which so far has not been solved."

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

The Ministry of Health in circular 64/50, dated 3rd July, 1950, made the following recommendations:—

- (i) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested. A candidate for such employment should therefore not be engaged without a medical examination, including an X-ray examination of the chest.
- (ii) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.

- (iii) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should at once cease, and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active, and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained, both certificates being based on X-ray and bacteriological, as well as clinical, investigation. After resumption of employment, similar investigations should be carried out at 3-monthly intervals for the first year and at 6-monthly intervals for the next two years.
- (iv) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should at once be undertaken.

The Health and Children's Committees adopted the recommendations and the Education Committee was asked to consider the extent to which they could be applied to teaching staff. As, however, this question was under consideration at a national level, the Education Committee decided to await the outcome of these discussions.

VENEREAL DISEASE.

No changes have occurred in the follow-up scheme for venereal disease as detailed in last year's report. No cases were referred because of non-attendance at treatment centres. Enquiries were received concerning suspected sources of infection of cases occurring in the county. Most of the persons concerned lived in other areas and the enquiries were forwarded to the appropriate authority for attention. Only one case resident and working in the county was traceable from the information given. This case attended the clinic for investigation but all tests subsequently proved negative.

PROVISION OF NURSING EQUIPMENT.

The scheme for the loan of nursing equipment through the agency of the Norfolk Branches of the British Red Cross and the St. John Ambulance Brigade has been continued. The question of situation and demand is, however, constantly reviewed and it has been possible to close depots which have had little or no demands for loans and to open others where there has been a need.

The Council acknowledges the ready co-operation of the voluntary organisations in this scheme.

The demands upon the scheme are increasing. During 1949, 2,098 patients took advantage of the facilities offered at 119 depots, and this figure increased to 2,419 during 1950. There were 130 depots operating at the end of the year.

RECUPERATIVE HOMES.

In accordance with the Ministry of Health circular 112/49, representatives of the East Anglian Regional Hospital Board and the County Council jointly carried out a survey of non-transferred convalescent homes in the county in June, 1950. However, at the end of the year, the general arrangements under Section 28 of the National Health Service Act in connection with recuperative homes remained in abeyance, awaiting a further pronouncement by the Minister. Meanwhile the Health Committee, to avoid hardship, is prepared

to give consideration to any special case arising. Two such applications were received during the year. In one case the Council accepted financial responsibility for the cost, the patient having only very limited means, while in the second case of a small boy, there was some difficulty in obtaining suitable recuperative home facilities. Fortunately, however, the Invalid Children's Aid Association very kindly undertook responsibility for the arrangements and maintenance costs.

TRAVELLING EXPENSES OF RELATIVES.

The arrangements for the provision of travel warrants for relatives visiting patients in hospital, under Ministry of Health circular 85/49, have remained in abeyance until certain points have been clarified by the Associations of Local Authorities in consultation with the Minister. Here again, the Health Committee, anxious to avoid causing any undue hardship in individual cases, has decided to deal with any urgent applications. Throughout the year the County Council assisted the wife of a poliomyelitis case in White Lodge Hospital, Newmarket, with travelling expenses incurred by weekly visits. In December, however, it was possible to suspend such help, a friend also making regular visits by car to the same hospital kindly undertaking to convey this person.

XII. HOME HELP SERVICE.

ORGANISATION.

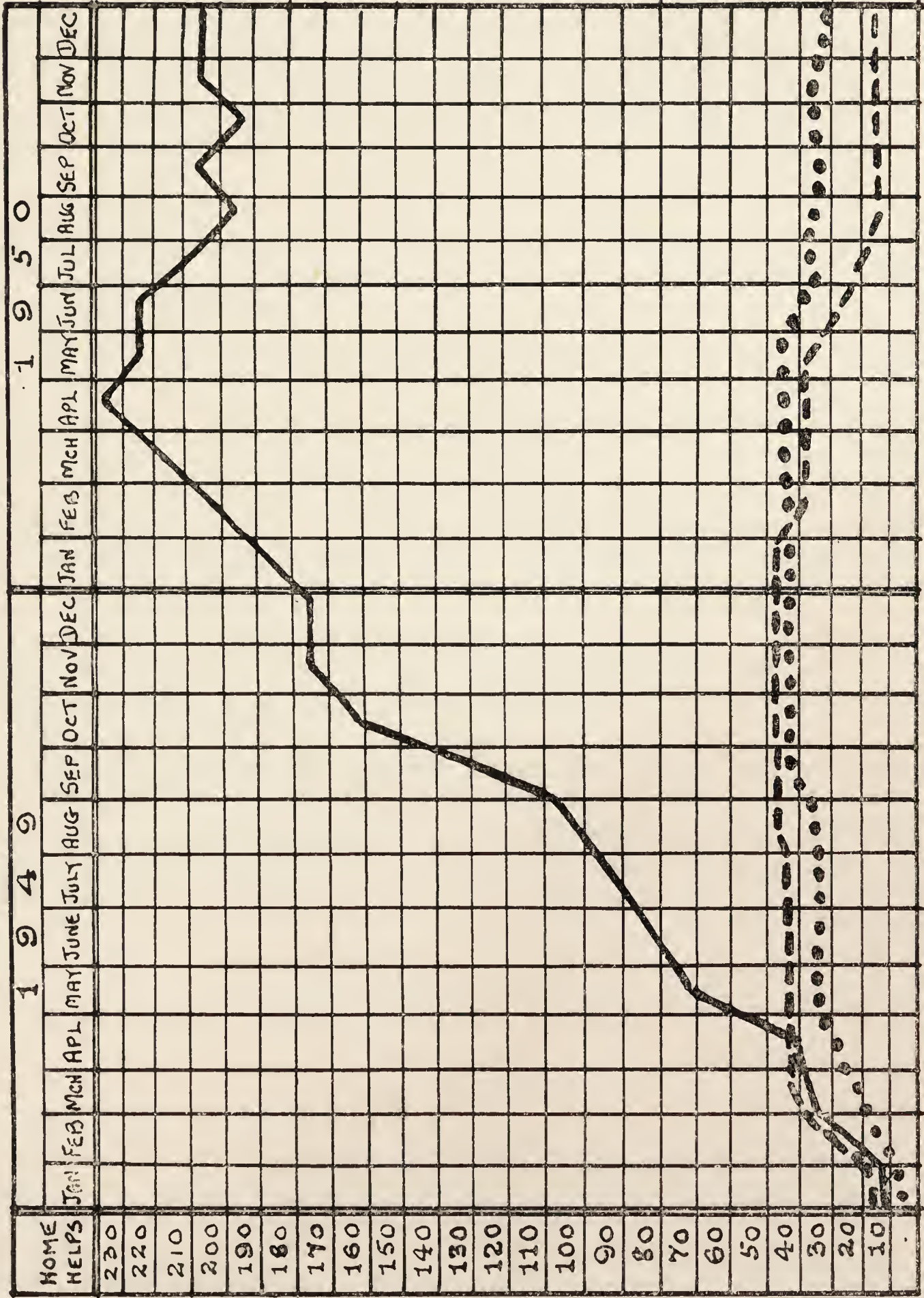
There has been no change during the year. The recruitment of home helps has been limited to "occasionals" in accordance with the decision of the appropriate Sub-Committee in October, 1949. The policy is to meet the needs of the service as far as possible by means of "occasional" home helps willing to undertake duty in cases arising in their own localities. By this means it has been possible to avoid any considerable payment of wages for stand-by duty which would have been necessary had the Council continued to recruit regular whole-time and part-time home helps. Even so, experience shows that it is not possible to rely entirely upon the "occasional" type of home help and that it is essential to maintain a nucleus of regularly employed helps. Graph C illustrates the home help employment position in the various categories month by month throughout the past two years. The numbers employed at the end of the year were:—

Area	Whole-time	Part-time	Occasional		Total
			Working	In reserve	
1	2	1	16	18	37
2	2	1	22	5	30
3	—	—	21	9	30
4	2	10	28	14	54
5	1	4	26	11	42
6	1	5	38	22	66
7	—	—	14	14	28
8	4	8	31	7	50
9	1	—	8	8	17
Totals	13	29	204	108	354

HOME HELP SERVICE.

GRAPH C.

Home Helps employed from 1st January, 1949, to 31st December, 1950.



NOTE—This graph denotes the number of home helps actually in employment in each of the three categories, month by month throughout the year.

It does NOT take into account occasional home helps; enrolled over and above the number needed for current cases.

KEY

FULL-TIME	— — — —
PART-TIME	• • • • •
OCCASIONAL	— — — —

RESTRICTION OF THE SERVICE.

The Council's expenditure on home help wages, travelling and insurance had increased month by month since 1948. By March, 1950, the weekly expenditure on these items was averaging £705 and information was obtained from all counties in England and Wales, by means of a comprehensive questionnaire, as to the costs of this service and possible means of stabilising expenditure in the future. Summaries of the information received showed the divergence in the scope of individual schemes and rates of recoveries from householders assisted.

Here in Norfolk, a complete survey was undertaken of all cases assisted during a four-week period in relation to type of case, hours of service provided per week, cost of wages, etc. This information was tabulated in respect of each of the nine local health areas and provided valuable data for the purpose of regularising the number of hours of service per week per type of case throughout the county.

The question of the extent to which the needs of certain householders could be met by the National Assistance Board was also reviewed.

LIMITATION OF SERVICE PER CASE.

The appropriate Sub-Committee decided that, for an experimental period of three months from 1st May, 1950, hours of service per week for each of the various types of case would be limited to a common county standard, which was fixed slightly lower than the county average for each type of case assisted during March, 1950. This was subject to additional hours of service per week being granted in any individual cases of exceptional need.

It was also decided that during the same period consultations should take place at local level with the officers of the National Assistance Board.

A review of the working of the revised scheme during the three months, indicated that adherence to this scheme would stabilise the service, keep expenditure within reasonable limits and ensure that all reasonable needs were met. Accordingly, these arrangements were continued throughout the year, the normal maximum number of hours per case per week being:—

Maternity	...	...	...	30½ hours.
Children without mother			...	24½ hours.
Post-operative	...		...	12½ hours.
Sick	...	...	...	13 hours.
Old age and infirm	...		...	9½ hours.
Blind	...	...	...	10½ hours.
Tuberculous	...		...	At discretion in individual cases.

During the remainder of the year (eight months 1st May—31st December) hours per week of service in excess of the normal county average were granted in 230 of the 1,044 cases assisted as follows:—

Category	Cases assisted	Cases granted excess hours	Total excess hours
Maternity	286	96	2,376
Children without mother	22	7	782
Post-operative	29	6	490
Sick	462	85	8,659
Old age and infirm	205	28	4,510
Blind	35	8	2,032
Tuberculous	5	—	—
	<hr/> 1,044 <hr/>	<hr/> 230 <hr/>	<hr/> 18,849 <hr/>

REFERENCE OF CASES TO THE NATIONAL ASSISTANCE BOARD.

Detailed consideration of cases has been undertaken in the various local health areas by the Council's local welfare officers in consultation with the Board's investigating officers. A limited number of cases have been transferred during the year, but only where it is certain that it is within the scope of the Board to meet fully the needs of the particular households. Even in these cases, the Council's local welfare officers will not lose touch, but will ensure that they are reviewed immediately there is any change of circumstances making additional assistance necessary.

Steps were also taken to ensure that reference of cases to the Assistance Board should not cause hardship in individual cases.

CASES ASSISTED BY HOME HELP SCHEME.

Table 3 shows the number of new cases dealt with each month, and the cases continued from 1949, in the various categories. The number of new cases referred during the year was only 24 higher than in the previous year but the total number of cases receiving service throughout the year showed an increase of 388 as compared with 1949. One of the contributory factors is, of course, the very long-term nature of some of the cases assisted. While, for economic reasons, it has been necessary to limit over-all expenditure, there is no doubt that the service is meeting a very real need. Many households are being enabled to carry on in spite of illness, temporary absence of housewife, etc., while old folk are being encouraged to remain in their own homes rather than become a charge upon the public funds. Table 4 shows the duration of cases assisted during 1950.

RECOVERY OF CHARGES.

The Council, early in 1949, adopted a modified form of the national scale for assessing the contribution to be paid for home help assistance where the household circumstances were such that the householder could not meet the full cost. This amended scale increased the personal allowance for each member of the household and also fixed the contribution pro-rata to the amount of service provided.

TABLE 3.

HOME HELP SERVICE.

The following table denotes the number of new cases dealt with each month during the year ended December, 1950, and continuing cases from 1949 in each of the various categories.

Type of case.	1949 Cont'g	1950												Totals.
		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	
Maternity ...	32	46	46	45	58	43	36	24	44	35	25	32	32	498
Children without Mother ...	11	2	3	—	2	3	1	2	3	4	—	1	—	32
Post-Operative ...	7	—	3	5	1	2	1	4	2	3	—	5	5	38
Ordinary Sick ...	189	48	42	53	46	27	32	38	18	28	35	28	27	611
Old Age and Infirm	116	27	18	19	21	11	6	3	1	6	5	9	13	255
Blind ...	20	2	2	3	4	1	1	—	1	1	3	—	1	39
Tuberculous ...	2	1	—	—	—	1	—	—	—	—	1	2	—	7
Totals ...	377	126	114	125	132	88	77	71	69	77	69	77	78	1480

HOME HELP SERVICE.

TABLE 4.

Summary of the duration of cases assisted during the period 1st January to 31st December, 1950.

Type of case.	Cases assisted up to												Hours of service provided.	Percentage of total service.	Total cases assisted.			
	Weeks.							Months.										
	1	2	3	4	5	6	7	8	9	10	11	12						
Maternity ...	37	151	208	60	33	7	2	4	5	6	7	8	9	—	—	41,736	14.96	498
Children without Mother ...	—	4	6	1	11	2	—	1	1	1	1	1	—	—	3	9,935	3.56	32
Post-Operative ...	1	5	9	4	8	5	4	—	2	—	—	—	—	—	—	4,547	1.63	38
Ordinary Sick ...	39	60	45	37	83	44	63	36	33	26	18	21	23	27	56	138,540	49.67	611
Old Age and Infirm	18	10	15	12	29	11	26	10	16	12	12	17	17	23	32	64,805	23.24	255
Blind ...	2	—	1	—	1	2	1	2	2	1	2	3	5	7	6	15,681	5.62	39
Tuberculous ...	—	—	—	—	1	3	1	—	1	—	—	—	—	—	1	3,673	1.32	7
Totals ...	92	230	284	114	166	74	97	49	54	41	34	43	47	57	98	278,917	100.00	1,480
Number of 1949 cases still being assisted in 1950																...	...	377
Total number of new cases assisted in 1950																...	...	1,103

The summary of replies to the questionnaire already referred to showed very marked variations in the rates of recovery, ranging from as high as 53% of the cost of the home help's wages, insurance and travelling, to as low as 9%. It also indicated that the highest recoveries are effected in maternity cases where, in most instances, the financial circumstances of the household are reasonably good. It was also seen that the various authorities had all given a great deal of thought to the recovery of charges scale and the variations from the original scale suggested by the Ministry of Health, the Association of Municipal Corporations and the County Councils Association, were many and interesting.

A careful analysis of the financial circumstances of all cases assisted in the county for the period of four months from 1st January to 30th April, 1950, was undertaken. This showed that there was very little scope for increasing recoveries so far as Norfolk was concerned without causing a measure of hardship among those needing assistance (other than maternity).

MATERNITY ALLOWANCE.

It had been the custom to include the maternity attendance allowance in the gross income of the household for assessment purposes. However, as the Council is providing the attendance for which this National Insurance allowance is paid it was decided that special recovery of this allowance should also be effected pro-rata to the amount of service provided.

The expenditure on home help wages, insurance and travelling during the year was £28,625 and recoveries amounted to approximately £3,930, an annual recovery rate of 13.75%.

PROVISION OF OVERALLS.

Regular full and part-time home helps are each issued with three overalls. Towards the end of 1949 it was decided also to issue one overall to each "occasional" home help. Supplies were received early in 1950, and issues to the "occasional" home helps were made. All overalls are returnable when the home help leaves the service.

XIII. MENTAL HEALTH.

During the course of the year, further progress and consolidation took place in connection with the Council's schemes under Sections 28 and 51 of the National Health Service Act, 1946. The particular work undertaken is described in the paragraphs below.

The Mental Health Sub-Committee is responsible to the Health Committee and meets monthly when reports are received on the functioning of the service generally and action authorised in individual cases.

Close liaison has been maintained between the medical superintendents of the mental hospitals and the mental deficiency colony, and with the senior administrative medical officer of the East Anglian Regional Hospital Board. It has been found that the Board's staff is always willing to discuss problems affecting the service. The services of the consultant staff are available whenever necessary for advice in regard to the handling of individual cases, domiciliary visits being paid in many cases. The thanks of the Council are due to the Board for this continued co-operation.

ADMINISTRATIVE AND STAFF ARRANGEMENTS.

MEDICAL.

During the year, the Deputy County Medical Officer, Dr. W. R. Clayton Heslop, ceased to be responsible for the Mental Health Section, and Dr. W. W. Sinclair, Senior Medical Officer, assumed charge. Dr. Sinclair is freely available for consultation by the Council's medical and lay staff, general practitioners, local welfare officers (duly authorised officers) and health visitors.

Dr. O. G. Connell, who had been employed by the Council for many years as a certifying medical officer under the Mental Deficiency Act, resigned his appointment on leaving the county in September, 1950, and tribute should be paid to his excellent work. No new appointment has been made as it is considered that the Council's full-time medical staff can undertake these duties.

The following medical officers are now approved by the Council for the purpose of giving certificates under the Mental Deficiency Act:—

Dr. R. A. Browne.

Dr. J. V. Morris.

Dr. W. R. Clayton Heslop.

Dr. J. J. Ryan.

Dr. L. A. Kerwood.

Dr. W. W. Sinclair.

RESIGNATIONS.

Miss C. M. Meyer, psychiatric social worker, 31st March, 1950.

Mrs. S. M. Henderson, supervisor, Sprowston occupation centre, 31st May, 1950.

Miss B. Stevens, trainee, Sprowston occupation centre, 31st December, 1950.

APPOINTMENTS.

Miss J. M. R. Buxton, mental health worker, 28th August, 1950.

Miss S. J. Gee, supervisor, Sprowston occupation centre, 1st July, 1950 (promotion).

Mrs. A. Fisk, assistant supervisor, Sprowston occupation centre, 18th September, 1950.

Miss B. I. Cuming, home teacher for mental defectives, 1st October, 1950.

TRAINING OF STAFF.

Dr. W. W. Sinclair attended a public health course for medical officers which was held in London in June under the auspices of the National Association for Mental Health.

Mr. T. H. Higham, deputy superintendent authorised and welfare officer, attended a residential course on mental health organised by the University of Sheffield in July and his notes on the course are being passed to the other duly authorised officers so that they may benefit from the material supplied.

It was mentioned in the report for 1948 that immediately prior to the 5th July, 1948, a local training course was arranged for the duly authorised officers. During 1950, Dr. W. J. McCulley, medical superintendent of St. Andrew's Hospital, agreed to give a course of follow-up lectures at a series of weekly visits to be paid to the hospital by the officers in groups. The first visit was made on 27th November. Dr. McCulley has planned a course of talks and discussions covering about 13 weeks, during which an opportunity will be

given for the officers to see different types of cases and to be advised of forms of treatment, etc. It is hoped to extend this refresher course in the coming year to mental deficiency and other aspects of the work.

With the co-operation of the Leeds local health authority, Miss S. J. Gee, supervisor of the Sprowston occupation centre, spent two weeks at the Leeds occupation centres in order to gain a wider knowledge of occupation centre training and work.

WORK UNDERTAKEN IN THE COMMUNITY.

UNDER THE LUNACY AND MENTAL TREATMENT ACTS BY THE DULY AUTHORISED OFFICERS.

These officers continued to maintain the closest possible liaison with the medical staffs of the mental hospitals and to assist the general practitioners and the public in every aspect of the mental health service, no regard being paid as to whether or not the officers had any statutory responsibility for the action required. Encouragement of the admission of voluntary patients continued and arrangements were made for transport wherever necessary. The general practitioners and the duly authorised officers work very closely together and, in consultation with the medical superintendents, endeavour to ensure that the best method of dealing with each patient is followed.

AFTER-CARE UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

A conference was held between the medical superintendents of the two mental hospitals and the mental deficiency colony, in relation to the after-care of patients discharged from the mental hospitals and mental defectives on licence, etc., from the colony, and considered the desirability of avoiding overlapping of visitation between the hospitals' and colony staff and the Council's staff. The medical superintendents expressed themselves as satisfied that adequate and complete liaison existed in the after-care scheme, but stated that if the Council could appoint a psychiatric social worker this would be of great assistance in meeting the needs of the area. Minor points of administration were discussed and details settled between the officers concerned. The existing procedure whereby the medical superintendents forward to the Council information as to each case discharged and also detailed notes in those cases where after-care is requested, has continued. As will be seen from the statistical report, the number of cases subject to after-care visitation and assistance by the Council's staff was 175 at the 31st December.

The medical superintendents expressed the view that there was a very great need for a hostel to be established in the county for discharged mental patients in order to assist them (the patients) to re-establish themselves in the community. This would particularly apply to those persons whose home backgrounds or previous history make re-establishment very difficult in their own homes or, in the case of single persons, who cannot obtain suitable lodgings. This question was still under review at the end of the year.

PRE-CARE.

In the field of pre-care the practice is for the local welfare officers to discuss cases with general practitioners and with the medical superintendent of the appropriate mental hospital and, wherever necessary, arrangements are made, either through the patient's doctor or through the hospital, for a

domiciliary visit or for an appointment at an out-patient clinic. Every effort is made to ensure that patients seek early treatment and it is planned to obtain the co-operation of all workers in the health field with a view to bringing to notice, at the earliest possible date, cases of mental illness or nervous breakdown.

AGED PERSONS—SENILE DEMENTIA.

For many years prior to the 5th July, 1948, the Council had made provision for the reception of senile dementia cases into a public assistance institution which was reserved solely for the purpose, and after the "appointed day" the system for the admission of such patients to this establishment, now designated as the Vale Hospital, Swainsthorpe, continued, the patients being admitted without certification but with the consent of the relatives. This provision has undoubtedly met a very great need and it is gratifying to note that the Ministry of Health has recognised that special provision must continue to be made for this type of case. During the year, the control of the Vale Hospital, Swainsthorpe, passed from the No. 6 Hospital Management Committee to the No. 8 Hospital Management Committee (the Hellesdon Mental Hospital Group) and discussions were held with the medical superintendent (Dr. F. J. Napier) with regard to the future admission of patients, the Ministry of Health having ruled that only uncertified patients over 65 years of age could in future be admitted. Dr. Napier promised his full co-operation in arranging for the admission of suitable cases whenever vacancies existed, but it has been found that on many occasions no bed has been available, and in a number of cases it was necessary to certify the person concerned and admit to a mental hospital so as to ensure that proper care and attention was afforded. It is to be regretted that these old people have to be certified in order to obtain a hospital bed, but the Regional Hospital Board is well aware of the problem and it is hoped that sufficient beds will be made available in the near future to meet the needs of this type of case.

UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938.

(a) *New cases and supervision cases.*

67 new cases were notified under Section 57 (3) and 57 (5) of the Education Act, 1944, and, in addition, 74 new cases were ascertained by the Mental Health Sub-Committee. New cases were dealt with either by placing under statutory or friendly supervision, admission to an appropriate institution, attendance at an occupation centre or by home teaching. Statutory and friendly supervision has continued to be exercised by the local welfare officers and by the mental health worker.

(b) *Re-classification of patients in county homes and former public assistance institutions.*

In June and July, medical officers of the Regional Hospital Board and the Council undertook a joint review of the classification of all patients in former public assistance institutions and, as a result, recommendations were made in certain cases for action to be taken under the Mental Deficiency Acts. These recommendations were considered by the Mental Health Sub-Committee and implemented wherever necessary, including the ascertainment of 10 new cases and the placement of 3 cases on the waiting list for admission to mental deficiency institutions.

At this re-classification, the medical officers took the opportunity of reviewing the cases detained in these institutions under Section 16 of the Lunacy Act, 1890 (having previously been certified under Section 24 of that Act prior to the 5th July, 1948). It was decided to recommend in 43 cases out of 45 that the patients should be discharged from the lunacy order and the Regional Hospital Board undertook to have all the cases considered by the appropriate hospital management committees. As a result, at the end of the year the 43 cases had been discharged from Section 16 and only 2 cases remained. These cases will be the subject of further consideration.

(c) *Employment of defectives.*

The County Youth Employment Officer has been consulted in regard to establishing complete liaison and co-ordination between his staff and the local welfare officers and mental health worker concerning individual cases in regard to employment. A very satisfactory administrative arrangement has been agreed whereby all new cases are subject to discussion with the Youth Employment Officer for the area. Considerable success has been achieved in obtaining employment for children notified under Section 57 (5) of the Education Act, 1944.

(d) *Accommodation—waiting list.*

The difficulty of obtaining accommodation for low-grade defectives has continued. Detailed consideration has been given to individual cases, special reports submitted to the Regional Hospital Board and representations made as to the need for additional beds, but there seems little prospect of any immediate solution to this problem which is causing very grave concern not only in Norfolk but throughout the country. At the end of the year, there were 103 cases on the waiting list, of whom 40 were low-grade cases. Some of these are a potential danger in their own homes both to themselves and to the families with whom they live.

(e) *Occupation centres.*

The centres at Sprowston and King's Lynn have continued to progress satisfactorily and at the end of the year the numbers attending the centres were 26 at Sprowston and 21 at King's Lynn. By arrangement with the Great Yarmouth Authority, 5 children from Norfolk attended the occupation centre at Gorleston. Considerable progress has been made by the children attending the centres and there is a marked improvement in those who have been in attendance for a year or more.

During the year, the Temporary Economy Committee appointed by the Council raised the question as to the cost of transport of the children to the centres, and an approach was made to the Ministry of Health as to whether it was legally possible for the Council to establish a residential occupation centre on much the same lines as residential special schools, although the Committee were doubtful whether such a system would be any more economical than transporting the children to the centres. The Ministry replied that it was not within the power of the Council to provide training for mental defectives on a residential basis. The contracts for transport were reviewed during the year, new tenders were obtained and, as a result, some reduction in the over-all cost was achieved.

During the year a wireless set was presented to the Sprowston occupation centre.

It was decided to lay out a piece of land attached to the King's Lynn centre as a garden and to employ a gardener for 2½ hours per week to tend it and also to assist the older boys in elementary gardening. There is already an established garden at the Sprowston centre where the older children have individual plots.

"Open days" were held at each centre during the year when the parents of the children attended to see the handwork carried out by the children and to witness group and individual performances. All completed items of handwork were disposed of to friends, parents, etc., at the "open days" and the proceeds paid to the County Fund.

(f) *Home teaching.*

The Mental Health Sub-Committee decided to inaugurate, on a trial basis in the first place, a system of home teaching for mental defectives and authorised the appointment of one home teacher. Miss B. I. Cuming, who was previously an occupation centre supervisor in Middlesex, was appointed and commenced duty on the 1st October, 1950.

A survey was made of cases in east Norfolk outside the catchment areas of the Sprowston and Great Yarmouth occupation centres, and it was found that there were small groups of children suitable for home training in the areas around Cromer, East Dereham, Attleborough and Diss. Plans were therefore made for "day occupation centres" to be held at these towns once each fortnight, the home teacher to convey the children to and from the centres. The Cromer centre opened on the 6th December and it is expected that other centres will open early in 1951. The idea of group training is a somewhat new one, but is considered to be more beneficial to the children than occasional visits to their homes. They will experience the value and discipline of working in a group and the system will also relieve the parents of the care of the children for one day a fortnight. The venture is being watched with considerable interest and the Board of Control has asked to be advised of the progress of the scheme. If this experiment is successful, it is planned to appoint an additional home teacher to cover those areas which are at present receiving no benefit from the scheme. It should, of course, be pointed out that in addition to attending the day centres, the home teacher undertakes individual home teaching of defectives who are unable to attend an occupation centre. This applies particularly to the adult defectives.

The British Red Cross Society also continued to provide home teaching in a number of cases.

(g) *Guardianship.*

There are 30 certified cases under guardianship for whom the Council is responsible. In two cases, financial assistance is granted by the Council but in all the remaining cases allowances are made by the National Assistance Board. The local welfare officers act as official visitors and one of the Council's medical officers pays at least one visit to every case each year, reviewing the circumstances and the desirability of continuing the guardianship order.

(h) *Cases on licence from the colony.*

The medical superintendent notifies the Council of each case sent on licence or leave so that the local welfare officer for the area may know of the defective being in the area and keep an unofficial eye on the case. In certain cases on long licence, supervision is exercised by the local welfare officer but generally speaking, cases on licence are visited by one of the staff of the colony.

WORK WITH VOLUNTARY ASSOCIATIONS.

There is no voluntary association for mental health in the county, but voluntary organisations are represented on the Mental Health Sub-Committee, and consultations take place with these organisations from time to time. A limited amount of home teaching is undertaken for adult mental defectives by the home teacher of the British Red Cross Society. It was decided during the year to increase the annual subscription to the National Association for Mental Health from £16 to £20.

AMBULANCE SERVICE.

The local welfare officers are authorised to use the ambulance and hospital car service for mental patients as necessary, and also to hire suitable taxis and cars. The hospital authorities co-operate in the provision of trained staff to accompany patients, but this is not always practical owing to the distances involved and the local welfare officers are usually able to arrange for suitable persons to be employed locally in the removal of patients.

MENTAL HEALTH STATISTICS at 31st December, 1950.

(For the purpose of comparison, the figures at 31st December, 1949, are shown in brackets).

1. **Mental Patients.**

(a) *Admissions during the year.*

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	34(56)	74(90)	131(188)	165(204)	3(1)	6(5)	168(245)	245(299)
Hellesdon Hospital ...	5 (5)	8 (8)	29 (9)	58 (18)	—(—)	1(—)	34 (14)	67 (26)
Other hospitals ...	— (—)	— (1)	2 (—)	1 (—)	—(—)	—(—)	2 (—)	1 (—)
Totals ...	39(61)	82(98)	162(197)	224(222)	3(1)	7(5)	204(259)	313(325)
Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe ...							24 (50)	12 (34)
TOTAL OF ADMISSIONS ..							228(309)	325(359)
OVER-ALL TOTAL ..							553(668)	

(b) Number of discharged patients referred by the hospitals during the year for after-care—

By Council's own staff	...	...	134	
By hospital's social worker		...	35	
			—	169(188)

(c) In-patients.

(i) In hospitals.

Name of hospital.	Norfolk patients.							
	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	336(380)	528(561)	131(130)	158(159)	—(—)	2(1)	467(510)	688(721)
Hellesdon Hospital ...	16 (22)	18 (41)	24 (5)	46 (6)	—(—)	—(—)	40 (27)	64 (47)
Other hospitals ...	— (—)	— (—)	— (—)	— (—)	—(—)	—(—)	— (—)	— (—)
Totals	352(402)	546(602)	155(135)	204(165)	—(—)	2(1)	507(537)	752(768)
TOTAL							1259(1305)	

(ii) In former public assistance institutions (Section 24 cases).

Name of establishment.		Male.	Female.	Total.
The Vale Hospital, Swainsthorpe	...	—(12)	—(12)	—(24)
St. James' Hospital, King's Lynn	...	— (2)	—(—)	— (2)
Howdale Home, Downham Market	...	1 (4)	1 (8)	2(12)
Hill House, Pulham Market	...	—(—)	— (2)	— (2)
Beech House, Gressenhall	...	— (1)	— (3)	— (4)
Beckham House, Gresham	...	—(—)	— (1)	— (1)
Totals ...		1(19)	1(26)	2(45)

(iii) Senile dementia cases (uncertified) in the Vale Hospital, Swainsthorpe 126(138)

TOTAL mental patients in hospitals in the county—(c) (i) (ii) (iii) 1387(1488)

Rate per thousand based on Registrar-General's estimate of population of the county—June, 1950—362,990=3.82(4 21)

2. Mental Defectives.

(a) *Number of new cases reported during the year.*

	Male.	Female.	Total.
(i) Notified by Education Committee under Section 57(3) of Education Act, 1944	18 (8)	13(14)	31(22)
(ii) Notified by Education Committee under Section 57(5) of Education Act, 1944	22(13)	14(12)	36(25)
(iii) Other cases reported and ascertained as mental defectives ...	34(16)	40(18)	74(34)
Totals ...	74(37)	67(44)	141(81)

(b) *Certified cases admitted to institutions during the year.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Colony	32 (3)	19 (6)	51 (9)
Heckingham Institution	—(—)	— (3)	— (3)
Others	2 (5)	1 (4)	3 (9)
Totals ...	34 (8)	20(13)	54(21)

(c) *Certified cases in institutions.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Colony	182(194)	190(199)	372(393)
Heckingham Institution	51 (54)	123(138)	174(192)
Beckham House County Home	8 (8)	— (—)	8 (8)
Pulham Market County Home	— (—)	16 (20)	16 (20)
Eaton Grange, Norwich	— (—)	32 (23)	32 (23)
Others	38 (12)	16 (3)	54 (15)
Totals ...	279(268)	377(383)	656(651)

	Male.	Female.	Total.
(d) <i>Ascertained but uncertified cases in former public assistance institutions</i>	42(50)	60(56)	102(106)

(e) *Cases in community.*

	Male.	Female.	Total.
Number of cases under statutory supervision			
(i) Under 16 years of age ...	78 (69)	61 (50)	139(119)
(ii) 16 years of age and over ...	194(191)	159(146)	353(337)
Totals ...	272(260)	220(196)	492(456)
Number of cases under friendly supervision ...	21 (4)	19 (7)	40 (11)
Number of cases under guardianship ...	12 (9)	18 (18)	30 (27)
Number of cases reported but not yet dealt with ...	5 (3)	2 (4)	7 (7)
TOTALS ...	310(276)	259(225)	569(501)

TOTAL cases in the county—(c) (d) and (e) ... 1327(1258)

Rate per thousand based on Registrar-General's estimate
of population of the county—June, 1950—362,990=3.65(3.56)

(f) *Attending occupation centres.*

Centre	Male	Female	Total
Sprowston ...	13 (9)	13(10)	26(19)
King's Lynn ...	13(12)	8 (5)	21(17)
Great Yarmouth ...	3 (3)	2 (1)	5 (4)
Out-County ...	1 (1)	1 (1)	2 (2)
Totals ...	30(25)	24(17)	54(42)

(g) *Receiving home training under home teacher.*

	Male	Female	Total
At home ...	15(—)	21(—)	36(—)
At day occupation centres ...	4(—)	5(—)	9(—)
Totals ...	19(—)	26(—)	45(—)

	Male	Female	Total
(h) <i>Receiving home training under British Red Cross Society ...</i>	7(7)	12(11)	19(18)

(i) *Number of mental defectives on waiting list for admission to an institution.*

	Male.	Female.	Total.
URGENT CASES.			
Idiots ...	8 (7)	8 (5)	16(12)
Imbeciles ...	9 (8)	5 (5)	14(13)
Feeble-minded ...	3 (4)	6 (3)	9 (7)
	20(19)	19(13)	39(32)
NOT SO URGENT.			
Idiots ...	1 (2)	4 (3)	5 (5)
Imbeciles ...	23(11)	9 (6)	32(17)
Feeble-minded ...	18(17)	9 (6)	27(23)
	42(30)	22(15)	64(45)
GRAND TOTALS ...	62(49)	41(28)	103(77)

XIV. ORTHOPÆDIC TREATMENT SCHEME.

After further negotiation with the East Anglian Regional Hospital Board, it was decided that the Board's responsibility included all the work previously carried out by the Council under the scheme, except the provision of material for home handicrafts. On this basis, financial responsibility was made retrospective to July 5th, 1948. Final transfer of the staff concerned to premises belonging to the Board took place on 6th November. By arrangement, however, the Board has continued to use certain school premises for clinics held by physiotherapists.

Since the transfer, close collaboration has been maintained with the officers of the Board and the system of record keeping and transmission of information has proved very satisfactory.

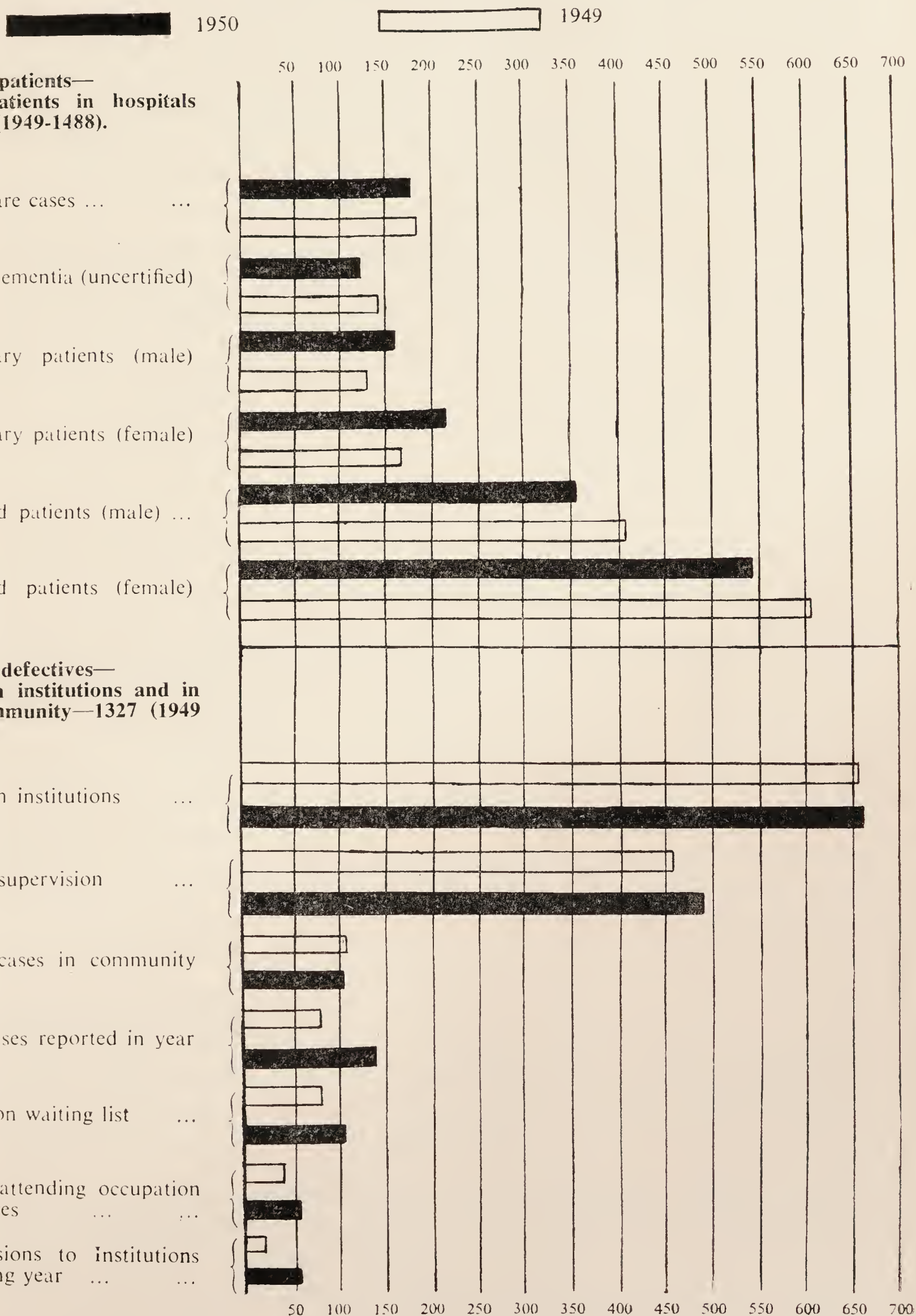
The figures in this report relate to the full calendar year.

ASCERTAINMENT.

This proceeded along the same lines as in the past, whereby cases were referred for examination by assistant medical officers following school medical inspections, by medical officers of infant welfare centres, general practitioners, hospitals, school nurses, health visitors, district nurses and midwives. During the year, the names of 1,475 persons were added to the register, consisting of 462 children under school age, 823 school children, 17 tuberculous cases and 173 other adults.

GRAPH D

RELATIVE STATE AND TYPE OF MENTAL HEALTH CASES IN THE COUNTY.



CASES ON THE REGISTER.

The cases on the register at the end of the year were 449 less than at the beginning, due mainly to the removal of those cases where the patients (or their parents) would not keep appointments for examination or treatment and generally refused to co-operate.

The following figures show the cases under treatment at the end of the year:—

Pre-school	School age	T.B.	Others	Total
904	2,909	177	831	4,821

CLINICS HELD BY THE ORTHOPÆDIC SURGEONS.

The following tables give details of the work carried out by the surgeons at these clinics during the year:—

(a) NO. OF CLINICS HELD.

Norwich	...	...	...	...	50
King's Lynn	...	...	...	...	11
					—
					61
					—

(b) DETAILS OF EXAMINATIONS.

			School age.	Under school age.	T.B.	Others.	Total.
Jenny Lind Hospital	...	...	281	249	23	—	553
Norfolk and Norwich Hospital	...	...	227	3	109	280	619
King's Lynn Hospital	...	...	303	295	63	136	797
			—	—	—	—	—
Totals	...	...	811	547	195	416	1969
			—	—	—	—	—
New cases	...	...	228	111	13	117	469
Old cases	...	...	583	441	177	299	1500
							—
							1969
							—

HOSPITAL TREATMENT.

The situation with regard to the waiting lists of patients requiring operative treatment at the Norfolk and Norwich and Jenny Lind Hospitals showed no sign of easing, although in very urgent cases the co-operation of the hospital authorities was always forthcoming.

216 cases received in-patient treatment during the year. These patients were in hospital for a total of 10,236 days, an approximate average of 28 beds occupied daily throughout the year.

SERVICES OF THE ORTHOPÆDIC PHYSIOTHERAPISTS.

The number of physiotherapists employed during the year was three whole-time officers until 6th March, when a further appointment was made.

In addition to attending the surgeons' clinics, the physiotherapists carried out home visits, examined children at schools and conducted treatment clinics. Two further centres for clinics were established in the south-east of the county.

The Home Handicraft Scheme was continued and 28 visits were made by Miss Wyer, the qualified occupational therapist. The scheme was on a self-supporting basis, but increasing difficulty was experienced in obtaining a sale for articles produced. The scheme continued to be of particular benefit to patients suffering from paralysis following poliomyelitis.

Details of the work carried out by the physiotherapists during the year are given below:—

CLINICS.	Clinic.	No. of sessions.	School age.	No. of examinations.			Total.
				Under school age.	T.B.	Others.	
	Aldborough	3	32	12	9	9	62
	Attleborough	4	98	16	6	10	130
	Aylsham	4	61	6	4	8	79
	Beccles	3	51	12	3	3	69
	Bungay	3	34	22	3	11	70
	Caister (at Melton Lodge)	6	123	37	5	10	175
	Cromer	54	200	172	27	52	451
	Dereham	43	394	192	18	39	643
	Diss	4	59	32	7	9	107
	Downham Market	14	208	26	12	19	265
	Fakenham	29	341	201	27	52	621
	Harleston	4	48	20	3	5	76
	Heacham	7	127	82	9	17	235
	Holt	5	73	24	—	2	99
	King's Lynn	195	1473	523	63	418	2477
	Methwold	4	69	32	1	17	119
	North Walsham	50	129	37	10	7	183
	Norwich	156	999	668	193	183	2043
	Reepham	4	39	21	3	2	65
	Stalham	4	70	21	—	3	94
	Swaffham	4	52	32	7	13	104
	Terrington St. John	3	48	8	—	—	56
	Thetford	3	45	16	1	3	65
	Upwell	2	24	2	—	—	26
	Watton	4	78	25	2	5	110
	Wells	4	77	21	2	—	100
	Wymondham	4	59	30	1	—	90
	Totals	620	5011	2290	416	897	8614

VISITS TO SCHOOLS AND HOMES.			No. of examinations.			
	No. of sessions.	School age.	Under school age.	T.B.	Others.	Total.
Number of visits paid to schools for examination of pupils ...	13	95	—	—	—	95
Number of domiciliary visits ...	—	925	2849	705	418	4897
Total number of examinations and treatments	633	6031	5139	1121	1315	13606

SURGICAL APPLIANCES.

Orders for appliances, surgical footwear and for adaptation of footwear were issued during the year as follows:—

School age.	Under school age.	T.B.	Others.	Total.
351	296	57	116	820

All appliances were supplied through the Ministry of Pensions under the National Health Service. There was no charge against the County Council.

XV. NATIONAL ASSISTANCE ACT, 1948.

PROVISION OF ACCOMMODATION.

MEDICAL AND SANITARY SUPERVISION.

The Welfare Committee is responsible to the Council for carrying out the duties imposed by Sections 21—28 of Part III of the National Assistance Act, 1948, but the general medical supervision of the establishments is carried out by officers of the Health Department. During the year, visits were paid by the Assistant County Medical Officers to all the County Homes and reports submitted to the County Social Services Officer on various improvements or adaptations considered necessary.

JOINT-USER ESTABLISHMENTS—RE-CLASSIFICATION.

Since the 5th July, 1948, when the Regional Hospital Board became responsible for the care and treatment of the chronic sick, ten establishments have continued to be used both for the reception of chronic sick patients and Part III cases, seven being vested in the Council and three in the Ministry of Health (Regional Hospital Board). It is the intention to end these “joint-user” arrangements as soon as possible and as the Old People’s Hostels, which are being provided by the Welfare Committee, are opened, it should be practicable to do so, provided the Regional Hospital Board can arrange sufficient accommodation for the chronic sick. In order to have a clear idea as to the extent of the problem, visits were arranged to all “joint-user” establishments during June and July by two medical officers of the Regional Hospital Board and a medical officer of the Council, in order to agree the correct classification of each patient.

Since the "appointed day," the classification of patients has been the responsibility of the medical officer appointed by the Board for the particular establishment to which the case is admitted. It may be of interest to record the definition issued by the Ministry of Health as to the basis of classification for the two types of patients:—

"Sick—and therefore proper to the Board—patients requiring continued medical treatment; also supervision and nursing care. This would include very old people who, though not suffering from any particular disease, are confined to bed on account of extreme weakness."

"Infirm—and therefore proper to the Local Authority—persons who are normally able to get up and who would attend meals either in the dining-room or in a nearby day-room. This class would include those who need a certain amount of help from the staff in dressing, toilet or removing from room to room, and those who from time to time—for example in bad weather—may need to spend a few days in bed."

The medical officers saw 973 persons, of whom 491 were Regional Hospital Board patients and 482 Part III cases. It was found necessary to re-classify a considerable number of cases in some establishments and the final figures agreed were 415 Regional Hospital Board and 558 Part III cases. It will be seen that the number of Part III residents was increased as a result of re-classification by 76, and apart from the financial effect of this very substantial increase, the whole future policy of the Council in relation to the provision of Part III accommodation will have to be considered.

At the close of the year, discussions were pending with the Regional Hospital Board in relation to the ending of "joint-user" arrangements and the transfer of patients to establishments appropriate to their classification. Every effort will be made to solve this problem without inconvenience and distress to the persons who have to be moved and in order to avoid unnecessary transfers, instructions have been issued to the local welfare officers to arrange, as far as possible, for cases to be admitted to establishments according to the classification of the patient and the ultimate use of the establishment.

WELFARE SERVICES.

Section 29 of the Act empowers local authorities to make arrangements for the welfare of persons who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister of Health. Section 30 permits local authorities to employ, as their agents, any voluntary organisation registered in accordance with the Act whose sole or principal object is the promotion of the welfare of such persons, subject to such employment being included under the local authority's scheme approved by the Minister. This section also allows local authorities to make contributions to the funds of any such voluntary organisation.

The scheme for the welfare of the blind was set out in the report for 1949. No proposals have yet been requested by the Minister in respect of schemes for other types of physically handicapped persons. The Advisory Committee which has been sitting to investigate the nature of the problems and to submit suggestions to the Minister has, however, finished its work and it may be that, in the near future, guidance will be issued by the Ministry of Health.

WELFARE OF THE BLIND.

Registration. A person's name cannot be entered in the blind register until certified as being blind within the meaning of the Blind Persons Act, 1938, by an ophthalmologist, a medical practitioner with a diploma in ophthalmology, or by a suitably qualified medical officer of the local authority. Medical examinations to ascertain whether or not persons are blind are arranged at the Council's expense and the standard form B.D.8 of the Ministry of Health is used in all cases.

During the year, 178 new cases were examined, of which 145 were certified as blind and registered accordingly. It is interesting to note that, as in the previous year, no fewer than three-quarters of the new cases certified were over 70 years of age.

The increase in the number of cases referred for examination as to possible blindness, mentioned in last year's report, has again been marked, as the following table shows:—

Year	No. referred	No. certified
1947	90	69
1948	100	83
1949	148	119
1950	178	145

Many of these cases are brought to light by the field officers of the National Assistance Board, who refer them as being possibly blind and therefore eligible, if registered, for the special allowance paid to blind persons in necessitous cases. The additional grant is intended to enable the blind persons to obtain the extra assistance needed through the loss of sight.

The number of cases on the blind register continues to increase. This may be attributed to the fact that better ascertainment is ensuring a more complete register and also to the fact that the expectation of life has increased. The number of cases on the register at the end of 1950 was 786, an increase of 68 over the previous year. The details of age groups and sex are set out below. Figures in brackets show the position at 31st December, 1949:—

Age group	Males	Females	Total
1—4	— (—)	2 (1)	2 (1)
5—15	5 (6)	6 (6)	11 (12)
16—20	4 (3)	6 (6)	10 (9)
21—39	21 (22)	24 (24)	45 (46)
40—49	31 (28)	19 (22)	50 (50)
50—64	90 (91)	66 (59)	156 (150)
65—69	38 (35)	44 (46)	82 (81)
70 and over	170 (171)	260 (198)	430 (369)
	359 (356)	427 (362)	786 (718)

It will be seen that more than half the persons registered were over 70 years of age and almost two-thirds were 65 and over.

Training. With the high proportion of blind persons who are elderly, the number remaining to be considered for training is much reduced. A statutory duty rests with the Education Committee to provide education for

blind children in special day or residential schools and this Committee also has powers to assist students at colleges and training courses approved by the Ministry of Education. The Ministry of Labour also arranges training for suitable cases under the Disabled Persons (Employment) Act, 1944. All cases of blindness occurring between the ages of 16 and 50 are carefully considered from the point of view of training and all cases suitable and willing for training are referred to the Ministry of Labour.

At the end of the year, 7 children were receiving education at the East Anglian Blind School, Gorleston, and 3 at the Royal Normal College, Wroughton Park, through the Education Committee. 3 adults were being trained at the Norwich Institution for the Blind through arrangements made by the Ministry of Labour.

Home workers. There have been no changes in the administration of this scheme during the year and the scale of augmentation is the same as set out in the 1948 report. At the end of the year there were 6 home workers, a poultry keeper having been added to the 5 on the register at the beginning of the year. 2 women are engaged in machine knitting, 1 woman keeps a small shop for the sale of knitted wear and knitting wool, 1 man is a chair caner and general shopkeeper, another is a basket maker and the other a poultry keeper.

Workshop employment. The County Council pays augmentation of wages in respect of Norfolk blind persons employed in the workshops of the Norwich Institution for the Blind. The general conditions of employment and wages are laid down by the Eastern District Council for Local Authorities' Non-Trading Services. 12 Norfolk blind persons were employed in the workshops at the end of the year, a reduction of 2 since the last report. 3 are women employed as machine knitters, and of the 9 men, 6 are basket workers, 2 are brush makers and 1 is a gardener.

Other employment. In addition to the 6 home workers and the 12 workshop employees mentioned above, 33 other blind persons were employed at the end of the year:—

Masseur	...	...	...	...	1
Ministers of religion	..	...	...	...	3
Telephone operators	...	...	...	...	2
Piano tuner	...	...	...	...	1
Agents, shopkeepers, etc.	...	...	...	...	7
Poultry keepers	...	...	...	...	5
Basket workers	...	...	...	...	3
Agricultural workers and labourers	...	...	...	...	5
Domestic workers, factory hands, etc.	...	...	...	...	6

3 persons were trained but unemployed at the end of the year, a further 8 although trainable had not been trained and of the remaining persons not mentioned above, 299 men and 405 women were considered to be unemployable owing to age or illness.

Pastime occupation. In view of the large number of blind persons who are unemployable, everything possible is done to provide pastime occupations in as many cases as possible. Many of the men and a few women are interested in gardening. To help and encourage these, a Norfolk Blind Gardeners' Horticultural Society has been formed. No membership fee is

charged but each member gets real satisfaction from knowing that he is a part of such an organisation. The highlight of the year is the Annual Show in Norwich. In 1950 the Show was held in Blackfriars Hall, in conjunction with the Norwich and District Food Production Council with whom the blind gardeners are affiliated. The fine array of produce on show received favourable comment from visitors and most of the blind exhibitors came along to meet their colleagues. A similar show has been arranged for 1951 and each and every member of the Society has planned to produce even better garden exhibits.

A wide range of handicraft articles is also made by the blind as pastime work. The most difficult problem with these handicrafts is to find a market for the finished products. The raw materials are purchased in bulk by the Council and sold to the pastime workers at cost price. To assist with the sale of products, an exhibition was arranged at the County Offices and members of the Council and staff were invited to visit and to place orders if they so desired. Orders taken for delivery before Christmas exceeded £175 in value. The products displayed included leather wallets, note cases, purses and ladies' handbags, crinothene lampshades, ration book cases, compact cases, a model yacht, baskets in various patterns and types, tea trays, wooden stools with seagrass seats, plastic belts and jewelry, string bags and a number of patterned and self-coloured wool rugs. It is hoped to stage a similar exhibition in 1951 and also to hold a display at the same time as the Blind Gardeners' Horticultural Show.

Home teaching and visiting. There has been no change in the home teaching staff. The four officers employed in this work all possess the certificate of the College of Teachers for the Blind and upon their efficiency and keenness rests much of the success of the scheme. It is almost impossible to list their duties fully as the demands upon their services are so many and so varied. They follow up all cases referred as being possibly blind within the meaning of the Act and complete case notes. At the time of this first visit they ascertain whether the person can travel for registration examination or needs a home visit by a medical officer, obtain details of the financial circumstances of the household or person and where, if certified, the person would qualify for the increased scale of National Assistance payable to blind persons, and complete the necessary application form to avoid delay when the result of the medical examination is known. Information is also obtained as to whether the person would require a wireless set, a certificate for a free licence if already possessing a set and whether instruction in the reading of embossed literature or in pastime occupations is desired. In this way, the welfare service is inaugurated immediately the person has been certified as blind.

The home teachers and visitors endeavour to visit their cases once a month as a matter of routine and more often when the circumstances demand, whilst teaching cases require more frequent visits.

The raw materials have, to some extent, to be prepared by the home teacher for some of the handicrafts before delivery to the blind person. This work is done by the teachers mostly in their own homes, and they also play a very active part in disposing of the finished products.

The home teachers encourage all suitable cases to learn to read Moon and Braille and give the necessary courses of instruction.

They also select suitable cases for the various charity pensions that are available to blind persons, arrange for the necessary application forms to be filled up and act as almoners for the Norfolk beneficiaries. During 1950, £240 was paid to Norfolk recipients from the funds of the Gardener's Trust and Royal Blind pension schemes and a further £850 from the Hetherington Charities.

8,069 visits were paid by the home teachers during the year.

General welfare. Six of the seven invalid chairs purchased by the Council in past years have been in constant use. The remaining one has been in store since the death of the user

The British Wireless for the Blind Fund supplies wireless sets for issue by the County Council to registered blind persons. These sets are of both battery and all mains types and are very much appreciated by blind persons who are unable to purchase their own sets. While many of the sets in use are old and becoming in need of replacement, it has, so far, been possible to issue without prolonged delay, wireless sets to newly registered blind persons requiring them. These sets are loaned to the users and are collected and returned for re-issue when the person dies or moves to the area of another local authority. In necessitous cases specially recommended by the home teachers, batteries and accumulators are renewed free of charge by the Council. Sets in need of repairs which can be carried out at an economic cost are sent to local wireless repair firms, the cost being met by the Council. At the end of the year, 291 sets supplied by the Wireless for the Blind Fund were in use. All these users and the owners of private sets have been issued with certificates to enable them to obtain free wireless receiving licences.

Specially selected necessitous cases in need of holidays are sent by the County Council to the Isle of Ely Holiday Home for the Blind, Hunstanton, with guides, upon the recommendation of the home teachers. Arrangements are also made, as far as vacancies permit, for blind persons so desiring to spend holidays at the Home at their own expense.

The Norwich Institution for the Blind allocates a sum of money (at present £100) annually from charitable funds. This money is spent in providing small Christmas gifts to the more needy blind persons and also on the purchase of extra comforts in cases of special need where these cannot normally be supplied through the Council's Scheme.

Social centres. Monthly socials have continued to be held at North Walsham, Fakenham, Diss and King's Lynn. These centres are organised by the home teachers for the respective districts and have been financed by the Norwich Institution for the Blind from charitable funds, aided, in some cases, by gifts of money raised by interested local persons through whist drives, dances, etc., specially arranged for the purpose. The social centres are very popular among all those who are able to attend and the Council's thanks are extended to those who have taken part in efforts to raise money, to the Norwich Institution for the Blind, the voluntary workers at the socials who do so much to assist in their smooth running and to the members of the W.V.S., the British Red Cross Society and the North Walsham and Diss Rotary Clubs for so kindly arranging transport to convey persons to the centres who would otherwise be unable to attend owing to infirmity or lack of suitable public transport. The centres serve areas made as extensive as possible but it is

estimated that not more than a fifth of the blind population is able to attend. Attention is being given to the possibility of opening a centre in Norwich which could serve a large number of blind persons who reside within a radius of some ten miles from the city.

The Sheringham group has continued to meet at the home of one of the blind persons at fortnightly intervals, except during the summer months. This group, with its combination of social afternoon and handicraft classes, has been very successful.

WELFARE OF THE PARTIALLY SIGHTED.

Quite a number of persons referred to ophthalmologists as being possibly "blind within the meaning of the Act" are found to be not blind. Their vision is such, however, that in many cases it is probable that they will be blind within a few years. Such cases are entered upon the partially sighted register, together with those who have been certified as blind and subsequently de-certified as the result of operative treatment. The home teachers visit these cases once or twice a year to check upon any developments and to render any assistance possible. In some cases where the prognosis is very poor, instruction is given in the reading of embossed literature on the recommendation of the examining ophthalmologist.

There were 124 cases on the partially sighted register at the beginning of the year, 41 new cases were added and also 2 cases who had been de-certified. 7 cases were transferred to the blind register and 1 person died. There were, therefore, 159 cases on this register on the 31st December, 1950.

WELFARE OF OTHER CLASSES OF HANDICAPPED PERSONS.

No progress has been made during the year with the formulation of schemes for providing welfare services to handicapped persons other than the blind and partially sighted.

Following discussions between representatives of the County Council and of the Deaf and Dumb (Norfolk and Norwich) Welfare Association, the County Council made a token grant towards the funds of this voluntary organisation, and decided to review the position from time to time in the light of services rendered by the Association to Norfolk deaf and dumb residents.

For many years the Council has been operating a scheme which enabled orthopaedic patients to buy raw materials from the Council at cost price for pastime occupation. The Ministry of Health has formally approved the continuance of these arrangements so as to avoid affecting adversely the very few cases at present enjoying these facilities, pending the framing of any definite proposals for the welfare of this class of handicapped person.

XVI. GENERAL WELFARE.

The provision of a complete but economical service in a large rural county such as Norfolk is one of some considerable difficulty, particularly if proper consideration is given to the avoidance of excessive mileage, duplication of visitation and the over-lapping of duties by numerous officials. In order to provide such a service, the Council employs "all purpose" local field officers (i.e. local welfare officers) supported, where necessary, by the specialist officer,

and it is considered that this is the best answer to the problems referred to above. Two such officers work from each of the nine local health offices and they undertake a variety of duties under the National Health Service Act, 1946, National Assistance Act, 1948, and the Children Act, 1948. In addition, they are designated as "duly authorised officers" under the Lunacy, Mental Treatment and Mental Deficiency Acts and are available on a twenty-four hour basis.

Apart from mental health work, the local welfare officers' duties include the handling of applications for assistance under the various schemes, especially under the National Health Service Act, the investigation and admission of Part III cases under the National Assistance Act, assisting general practitioners with the obtaining of beds and removal of chronic sick cases to Regional Hospital Board establishments, the notification of and report on urgent cases arising under the Children Act and the protection of property under the National Assistance Act. The officers also act as collectors for the recovery of contributions under the National Health Service Act, National Assistance Act and the Children Act and are able to pay domiciliary visits as and when necessary.

XVII. PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

NOTIFICATIONS.

Table 5 gives details of notifications of infectious diseases received from the whole of the administrative county.

ANTERIOR POLIOMYELITIS.

During 1950, Norfolk suffered from the most severe epidemic of anterior poliomyelitis yet recorded. There were 99 cases as compared with 60 in 1949 and 40 in 1947.

At the commencement of the year, the 1949 outbreak had not fully subsided, and a relatively high incidence of the disease persisted throughout the usual quiescent period from January to June. 27 cases were confirmed in the first six months as compared with 4 in 1949 and none in 1947.

The main wave began to rise early in July, some three weeks earlier than in former epidemics, and rapidly reached its peak in August; after which, except for a slight lag in October, it fell away steadily to the end of the year. It may be noted that, while the 1950 peak more or less coincided with that of 1947, it preceded the 1949 peak by three months.

The morbidity rate was 0.27 per thousand of the Norfolk mid-year population, which much exceeded the England and Wales rate of 0.13 per thousand.

Mortality also was higher than in former years, 12% of cases proving fatal as compared with 5% in 1949 and 9% in 1947. Two of the deaths, however, were transferable. The death rate was 0.03 per thousand as compared with 0.02 per thousand for England and Wales. Of the 12 deaths, 5 were males and 7 females, and it is of some interest to note that whereas the average age of male deaths was 10 years, that of female deaths exceeded 31 years. Death occurred in 1 case only under the age of 1 year.

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

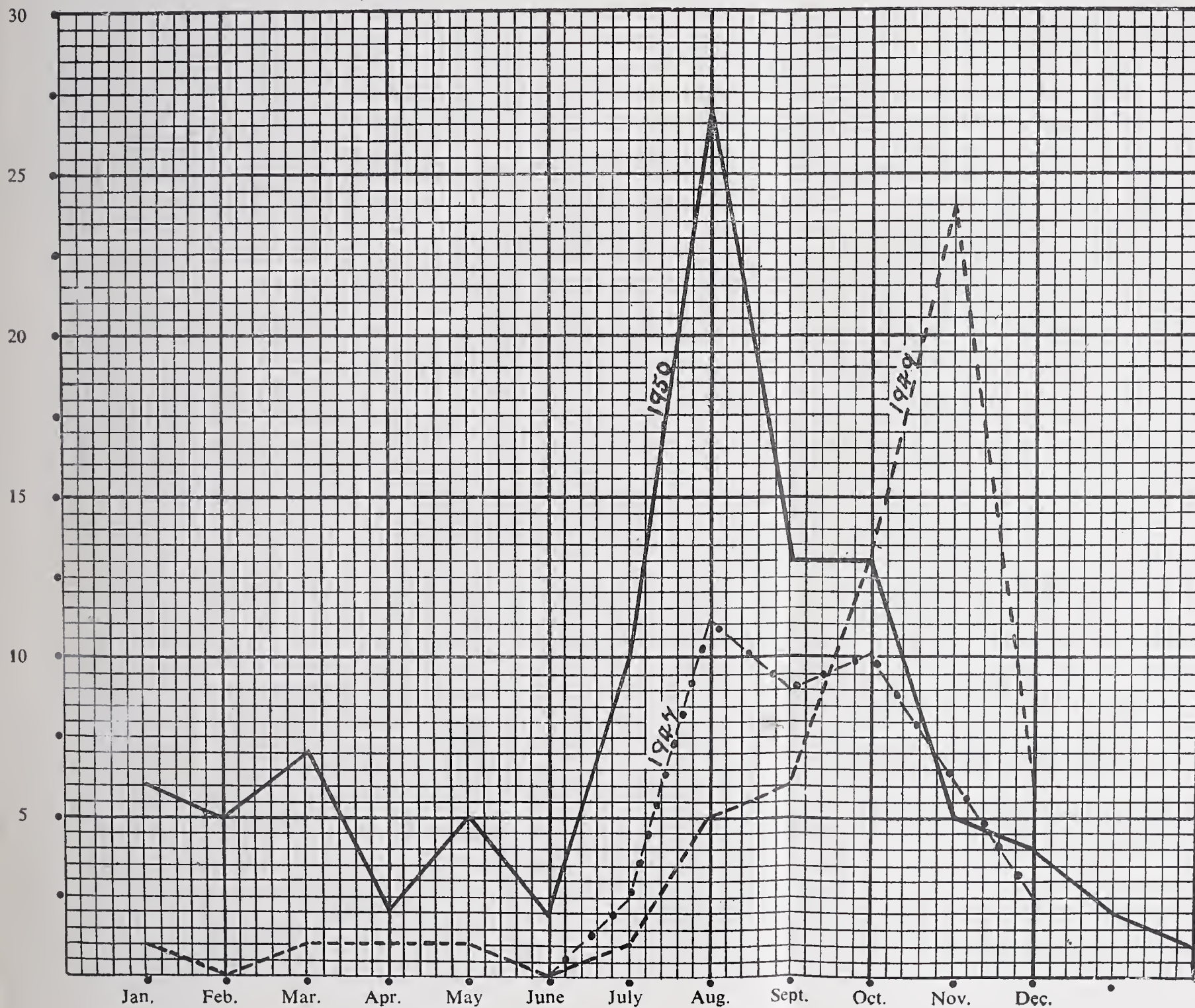
TABLE 5

Disease	Number of cases notified																												Totals
	Municipal Boroughs		Urban districts											Rural districts															
	King's Lynn	Thetford	Cromer	Dereham	Diss	Downham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham	Wayland		
Scarlet fever	29	2	3	3	1	—	2	27	3	4	4	8	35	48	14	8	21	22	4	12	50	26	55	24	5	29	69	508	
Whooping cough	130	68	21	18	11	20	15	27	2	1	25	65	171	189	49	202	94	135	42	10	38	58	289	160	34	172	134	2180	
Diphtheria	1	—	—	—	—	—	—	—	—	1	—	—	*1	—	1	—	—	—	—	—	—	—	2	—	—	—	—	6	
Measles, excluding rubella	904	151	35	91	71	9	8	7	32	135	72	157	476	418	263	454	471	507	211	146	245	358	777	361	207	454	576	7596	
Acute pneumonia (primary or influenzal)	21	6	—	5	4	—	—	—	2	—	—	2	32	28	4	18	—	16	1	6	10	12	20	17	1	13	5	223	
Meningococcal infection	1	—	—	2	—	—	—	—	—	—	—	1	2	2	2	—	—	—	—	—	1	—	1	—	—	1	—	13	
Ac. Poliomyelitis	6	3	1	3	—	1	—	—	—	—	—	3	9	9	4	3	1	3	1	—	—	5	16	4	—	3	22	97	
Ac. Encephalitis	—	—	—	—	1	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	6	
Dysentery	—	2	—	1	—	—	—	—	—	—	—	—	6	—	1	16	1	—	—	—	2	20	—	—	—	—	1	50	
Ophthalmia neonatorum	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	1	1	—	—	8	
Puerperal pyrexia and puerperal fever	1	1	—	—	—	—	—	1	—	—	—	—	1	3	—	2	1	1	1	—	1	—	2	—	—	—	—	15	
Paratyphoid fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Typhoid fever	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Erysipelas	6	2	—	—	—	—	—	—	1	—	—	1	2	11	—	7	—	5	1	2	4	—	3	8	1	7	—	61	
Food poisoning	6	—	—	1	—	—	—	—	—	—	1	—	3	3	—	—	—	1	—	2	—	7	2	3	—	—	1	30	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	3	
Jaundice or infective hepatitis	14	—	1	35	1	2	4	—	—	—	6	1	—	17	4	26	4	8	18	5	43	11	12	13	—	16	—	241	
†Chickenpox	81	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30	—	—	—	—	—	—	—	—	111	
Glandular fever	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Weil's disease	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—	—	3	
Totals	1205	235	61	159	89	32	29	62	40	141	108	241	740	732	343	736	594	698	309	183	394	499	1181	592	249	695	808	11155	

*Subsequently diagnosed as tonsillitis but notification not corrected.

†This disease is notifiable only in King's Lynn M.B., Cromer U.D. and Freebridge Lynn R.D.

INCIDENCE OF ANTERIOR POLIOMYELITIS



The incidence was mainly concentrated in the central and southern parts of the county, with a focal point at Attleborough; but, on the whole, there was everywhere a tendency to greater scatter, with invasion of the northern and western areas which had hitherto been largely free of the disease. Even so, the urban districts of North Walsham, Sheringham, Swaffham and Wells, and the rural districts of Marshland, Loddon and Swaffham remained free of infection. The Swaffham and Marshland districts have not recorded a case in any of the three epidemics.

The case distribution by local health areas during the 3 years is given below:—

Area	Districts	1947	1949	1950
1	Blofield and Flegg and Smallburgh R.Ds. ...	5	7	11
2	Cromer, North Walsham and Sheringham U.Ds., Erpingham R.D.	8	—	2
3	East Dereham U.D., Mitford and Launditch R.D.	10	2	9
4	St. Faith's and Aylsham and Forehoe and Henstead R.Ds.	11	25	21
5	Diss and Wymondham U.Ds., Loddon and Depwade R.Ds.	1	8	13
6	Thetford M.B., Swaffham U.D., Swaffham and Wayland R.Ds.	4	10	24
7	Downham Market U.D., Downham and Marshland R.Ds.	1	1	4
8	Hunstanton and Wells U.Ds., Docking and Walsingham R.Ds.	—	1	8
9	King's Lynn M.B., and Freebridge Lynn R.D. ...	—	6	7
		40	60	99

Distribution by sex and age-grouping is shown in the following table. The unusual preponderance of males during 1950 will be noted.

Age group	1947				1949				1950			
	M.	F.	Total	%	M.	F.	Total	%	M.	F.	Total	%
0—4	—	3	3	7.5	4	1	5	8.3	8	3	11	11.1
5—9	6	4	10	25.0	8	7	15	25.0	16	4	20	20.2
10—14	5	2	7	17.5	4	5	9	15.0	8	7	15	15.2
15—19	3	4	7	17.5	6	5	11	18.3	13	6	19	19.2
20—24	2	3	5	12.5	1	2	3	5.0	7	—	7	7.1
25—29	1	2	3	7.5	4	7	11	18.3	3	5	8	8.1
30—34	1	1	2	5.0	2	1	3	5.0	3	2	5	5.1
35—39	—	—	—	—	1	—	1	1.7	4	4	8	8.1
40—44	—	—	—	—	—	—	—	—	2	1	3	3.0
45—49	—	—	—	—	1	1	2	3.3	—	2	2	2.0
50—	1	—	1	2.5	—	—	—	—	1	—	1	1.0
Unknown	—	2*	2	5.0	—	—	—	—	—	—	—	—
Totals	19	21	40	—	31	29	60	—	65	34	99	—

*Adults

Taking into account the three epidemics, there has been a slight but progressive rise in the percentage of cases under 5 years, but a fall in that of all cases under 15 years. In the adolescent and young adult age groups (15-24 years), and in all cases over 25 years (omitting the year 1947 where information is incomplete), there is little change of any significance beyond a decrease in the 25-29 age group and a corresponding increase in the 35-44 age group. The average age of all cases was 17.9 years in 1950 as compared with 16.5 years in 1949.

On only the minimum of occasions was it possible to prove any direct contact between cases, but there were three examples of multiple cases occurring in the same family and a further two in next door neighbours.

Regarding the classification of cases by the degree of residual paralysis, details of end results, in so far as these can be ascertained, are given below:—

				Cases	
No residual paralysis ...	...	...	...	58	(58.6%)
Mild or moderate paralysis ...	...	...	...	17	(17.2%)
Severe residual paralysis ...	...	...	...	10	(10.1%)
Died ...	...	...	...	12	(12.1%)
Unknown ...	...	...	...	2	(2.0%)

In spite of the greater severity of this outbreak, full recovery occurred in almost the same proportion of cases in 1950 as in the previous year.

WHOOPING COUGH.

This disease showed a marked increase in 1950, and reached a figure not previously recorded in the last decade. Of recent years, epidemic outbreaks have occurred each alternate year.

DIPHTHERIA.

Six cases of this disease were notified during 1950, but in one case the diagnosis was altered although the notification was not corrected. For the fourth successive year, no deaths were reported.

MEASLES.

In common with the rest of the country, Norfolk experienced a severe outbreak of measles, 7,596 cases with 5 deaths occurring as compared with 2,143 cases and 2 deaths in the previous year. This is the severest epidemic since 1941 when 5,877 cases were notified, with 7 deaths.

PUERPERAL PYREXIA.

Notifications numbered 16 with no deaths, whereas in 1949 there were 14 cases with 1 death.

CANCER.

Death rates per 1000 population over the last 7 years are as follows:—

1944	1945	1946	1947	1948	1949	1950
1.92	1.91	2.02	1.83	1.85	1.97	1.81

The age distribution of the deaths registered in 1950 was as follows:--

		0-	1-	5-	15-	25-	45-	65-	75-	Total
Males	...	—	—	—	2	14	81	97	108	302
Females	...	1	—	1	1	19	96	109	129	356
		—	—	—	—	—	—	—	—	—
		1	—	1	3	33	177	206	237	658
		—	—	—	—	—	—	—	—	—

It should be noted that there was a drop in the number of cases of cancer, which, together with an increase in the population accounted for the decrease of 0.16 on the previous year's death rate.

XVIII. SANITARY SERVICES.

The County Sanitary Officer reports as follows:—

MILK AND DAIRIES.

PASTEURISING PLANTS.

At the end of the year, seven plants pasteurising approximately 18,000 gallons of milk daily were licensed by the County Council as the Food and Drugs Authority under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

Of these, one plant employs the High Temperature, Short Time Method of pasteurisation and the remainder employ the 'Holder' Method in small batch pasteurisers.

460 samples of pasteurised milk were submitted for examination, 240 by the Phosphatase test and 220 by the Methylene Blue test. Of these, 4 samples failed to satisfy the Phosphatase test and 7 failed the Methylene Blue test.

MILK IN SCHOOLS SCHEME.

On the 31st December, 1950, the milk delivered to county schools under the scheme was classified as follows:—

	Number of Schools.			
Tuberculin Tested (bottled)	263
Tuberculin Tested (bulk)	18
Pasteurised (bottled)	176
Pasteurised (bulk)	1
Accredited (bottled)	10
Accredited (bulk)	4
Non-designated (bottled)	4
Non-designated (bulk)	5
Dried milk	1
Not receiving milk supplies	4
Total	486

A routine system of sampling milk delivered to the schools has been instituted, and 112 samples were submitted from pasteurised supplies and 340 from raw milk supplies. Immediate investigations were made in 5 cases where pasteurised milk failed to satisfy the Phosphatase test and, in 82 instances of Methylene Blue failures, reference was made to either the County Milk Regulations Officer in respect of producer/retailer supplies or to the District Councils in respect of supplies from retailers' premises.

TUBERCULOSIS IN MILK.

1,826 samples were taken for biological examination as follows:—

	Total no. of samples	Tests incompleted or results awaited.	Tests complete.	Definite results.	
				Positive.	Negative.
Tuberculin Tested	60	3	57	1	56
Accredited ...	272	14	258	11	247
Non-Designated ...	1,494	138	1,356	29	1,327
Grand total ...	1,826	155	1,671	41	1,630

Quarterly samples are submitted as a matter of routine from pasteurising plants and in all cases have proved negative on biological examination.

As a result of investigations following the 41 positive samples shown above, 25 cows were identified and slaughtered under the Tuberculosis Order, 1938. In the 6 weeks elapsing between the submission of the bulk samples and the receipt of the positive reports, a number of cows had been slaughtered either voluntarily by the owner or as a result of veterinary action. 17 such animals were recorded and were assumed to have been the source of infection, all subsequent investigations in the respective herds having proved negative.

BRUCELLA ABORTUS IN MILK.

Early in the year, attention was focussed on the presence of brucella abortus organisms in milk supplies as a result of routine examinations carried out by the Public Health Laboratories on bulk samples submitted originally for biological examination for tuberculosis. 84 samples involving 62 herds, were found to contain the organism and in each case immediate investigations were carried out to determine the offending animals.

Technical and administrative difficulties have been experienced and conferences with the District Medical Officers of Health have been arranged to secure uniform policy. All affected supplies have been diverted for pasteurisation pending the completion of the investigations and, in accordance with Part VII of the Milk and Dairies Regulations, 1949, the District Councils have been liable to the payment of compensation to the producers as a result.

The isolation of positive animals is rendered difficult because of the intermittent excretion of the organism and of the dry periods between lactations. The period over which pasteurisation of the milk supplies may be required and over which compensation may be payable is, as a result, extremely indefinite and often extends over several months. The brucella abortus organism is directly responsible for undulant fever in man, but there is a complete lack of direction from Ministry Departments in respect of contaminated milk supplies.

Because the nature of the excretion is intermittent and because of its possible spread through the herd, all supplies in which the organism is found, in my view, should be permanently pasteurised, and some method of control over single animals found to be excreting the organism should be enforced. No such control exists at the present time, and animals could be sold undeclared to other herds from which the milk is sold for consumption in the raw state. These views have been expressed directly to the Minister of Health and to the County Councils Association for consideration.

HOSPITAL DAIRY FARMS.

Routine samples have been obtained on behalf of the Ministry of Health from the following dairy farms at the rate of two per month in June, July, August and September, and one per month in the remainder of the year:—

Hellesdon Hospital.

Little Plumstead Hall.

St. Andrew's Hospital, Thorpe.

9 samples out of a total of 38 submitted failed to satisfy the Methylene Blue test and all results were referred to the Ministry of Health.

Two samples involving two herds proved positive on biological examination for tuberculosis and subsequent investigations resulted in the identification and slaughter of the offending animals.

NATIONAL MILK TESTING SERVICE.

Arising from investigations by the Local Government Manpower Committee, Norfolk was chosen as one of the counties in which co-operation between the National Milk Testing Service and County Councils could be tested with a view to effecting staff economies in the submission of samples for Methylene Blue examinations from non-designated farm supplies. Samples are taken by the Council's sampling officers during their normal visits and submitted to the local laboratory of the National Agricultural Advisory Service who conduct the necessary investigations where failures have occurred.

FOOD AND DRUGS ACT, 1938.

Similar co-operation to that above exists with the Department of the County Council responsible for ensuring the non-adulteration of milk supplies and at the end of the year 87 samples had been submitted to the Gerber test. The samples are informal in nature and all unsatisfactory tests are followed up by the Department concerned.

SANITARY SURVEY OF SCHOOLS.

The survey continued throughout the year, and 6 area reports, involving 50 schools, were prepared and recommendations were sent to the Chief Education Officer. Priority reports were also completed in respect of 34 individual schools where for one reason or another urgent inspections were required.

Since the survey commenced, sanitary improvements have been carried out in a number of schools, but it is to be regretted that the economic position restricts this type of work and must result in many schools operating for years to come with facilities far below those required by modern standards.

The provision of an adequate and wholesome water supply for a large number of schools remains a problem which is being met to some extent by the implementation of rural water schemes.

Individual inspections, sampling and recommendations regarding existing water supplies have been made in 51 cases.

RURAL WATER SUPPLIES & SEWERAGE ACT, 1944.

It is encouraging to see piped water schemes beginning to take shape in some areas after the considerable time which has been spent in planning. During 1950 no less than 125 miles of water mains have been laid in the

county. This represents a far greater mileage than in any other year since the coming into force of the Rural Water Supplies and Sewerage Act, 1944. Although there are shortcomings, some of the Councils are up to the target envisaged in the Priority Programme, but there are still many years of constructional work ahead before all will be completed.

Of the many developments during the year, perhaps the most important was the national policy of temporary deferment of a number of sewerage schemes with a view to concentrating all efforts on introducing piped water supplies. Arising from this decision, the County Council took the view that some sewerage schemes were of greater importance than certain parts of the proposed water supply programme, and following discussions with representatives of the Ministry of Health, the County Council, in consultation with the District Councils, formulated a programme of water and sewerage works based on an order of priority. Each district was considered on its merits, their schemes were considered in detail, and an organised programme of development for both water and sewerage was prepared so that labour, money and materials can be concentrated in stages in the direction in which they will be likely to be most fruitful. The final programme was published and a summary showed that there are the following amounts of projected work in each of the categories:—

RURAL DISTRICTS:

Work in hand:

Water	...	...	...	£1,065,989
Sewerage	...	...	...	£153,819
<i>Category I</i> —(Work likely to be carried out within the next two years)				
Water	...	...	...	£1,344,681
Sewerage	...	...	...	£458,484
<i>Category II</i> —(Work unlikely to be carried out within two years).				
Water	...	...	...	£2,001,500
Sewerage	...	...	...	£931,000
<i>Category III</i> —(Work of less importance which cannot be carried out within two years)				
Water	...	...	...	£661,000
Sewerage	...	...	...	£599,076

URBAN DISTRICTS:

Work in hand:

Water	...	...	...	£89,865
Sewerage	...	...	...	£159,500
<i>Category I</i>				
Water	...	...	...	£103,587
Sewerage	...	...	...	£317,000
<i>Category II</i>				
Water	...	...	...	£50,000
Sewerage	...	...	...	£120,000
<i>Category III</i>				
Water	...	...	...	£20,000
Sewerage	...	...	...	£16,000

There are also some 25 schemes which have not yet been prepared in detail, and for which no estimates are at present available. These have been placed in Category IV.

The following is a summary of the grants authorised during the year on schemes approved by the Ministry of Health and the County Council. It will be appreciated that in most cases, although grants were not authorised until this year, the schemes were originally approved in previous years. Similarly, the majority of the schemes approved during the year under review have not yet been considered for grant and consequently are not included in the summary.

District	Scheme	Estimated cost *	Ministry grant— Lump sum	County Council grant not exceeding	
				Annual	Aggregate
WATER :		£	£	£	£
Depwade R.D.	Long Stratton	2,498	175	11	330
	Alburgh	6,300	2,250	136	4,080
	Hempnall School Extension	1,097	130	12	360
	Bressingham and Roydon	7,059	1,500	112	3,360
	Bressingham (Parts of)	1,198	550	30	900
	Needham and Pulham Market	9,817	2,000	108	3,240
	Bressingham (Algar House Area)	1,156	600	9	270
	Hempnall, East	8,667	3,400	172	5,160
	Moulton, Aslacton, Bunwell and Carleton Rode	13,050	3,400	184	5,520
Smallburgh R.D.	Brockdish	4,190	1,200	53	1,590
	Catfield (part)	5,708	600	94	2,820
Walsingham R.D.	Hindolvestone	4,150	780	70	2,100
SEWERAGE :					
Depwade R.D.	Hempnall	16,190	7,750	Lump sum	7,750

*Does not include cost of fire hydrants or house connections.

The following notes give some indication of the position in each of the respective Districts at the end of the year.

WATER SUPPLIES.

BLOFIELD & FLEGG R.D.

The supply to the north-eastern part of this district depends largely upon the results of the trial bore at Ludham, from which it is hoped to obtain a joint supply with the Smallburgh R.D. Following an unsuccessful test of the existing bore at Ludham, it was decided during the year to sink another borehole nearby.

In addition, tenders have been invited for the sinking of a borehole at Strumpshaw in order to supply the greater part of the south-western part of the district.

Certain extensions from the Great Yarmouth Statutory Area were approved, but so far mainlaying has not been carried out.

DEPWADE R.D.

The District Council continued their policy of extending in easy stages existing resources wherever possible. Extensions from the Harleston mains were made in Needham, while from the Diss U.D. a further extension of the Roydon main to supply parts of Bressingham was completed, and mains from the headworks at Long Stratton serving Fritton, Morningthorpe and parts of Hempnall were further extended to supply an area to the south-east of Hempnall, as well as a short length of main to serve the school premises. Mains were also laid from a source at a Council housing site at Greenways, Bunwell Street, to serve parts of Bunwell and Carleton Rode, while further extensions were made from an Air Ministry undertaking at Tibenham Airfield to two Council housing sites at Moulton and Aslacton and at the same time serving intermediate properties.

Mainlaying was almost completed in the parishes of Denton and Alburgh where water is being obtained from an ex-Air Ministry supply which the District Council has acquired at Hardwick. Unfortunately, the yield from this bore is not altogether satisfactory, and negotiations are in progress to supplement these headworks by extending certain mains in the Loddon Rural District.

The first stages of the Regional Scheme, which is based on the Rushall headworks, were under construction at the end of the year, and will form the backbone of the major supply to the whole district.

DOCKING R.D.

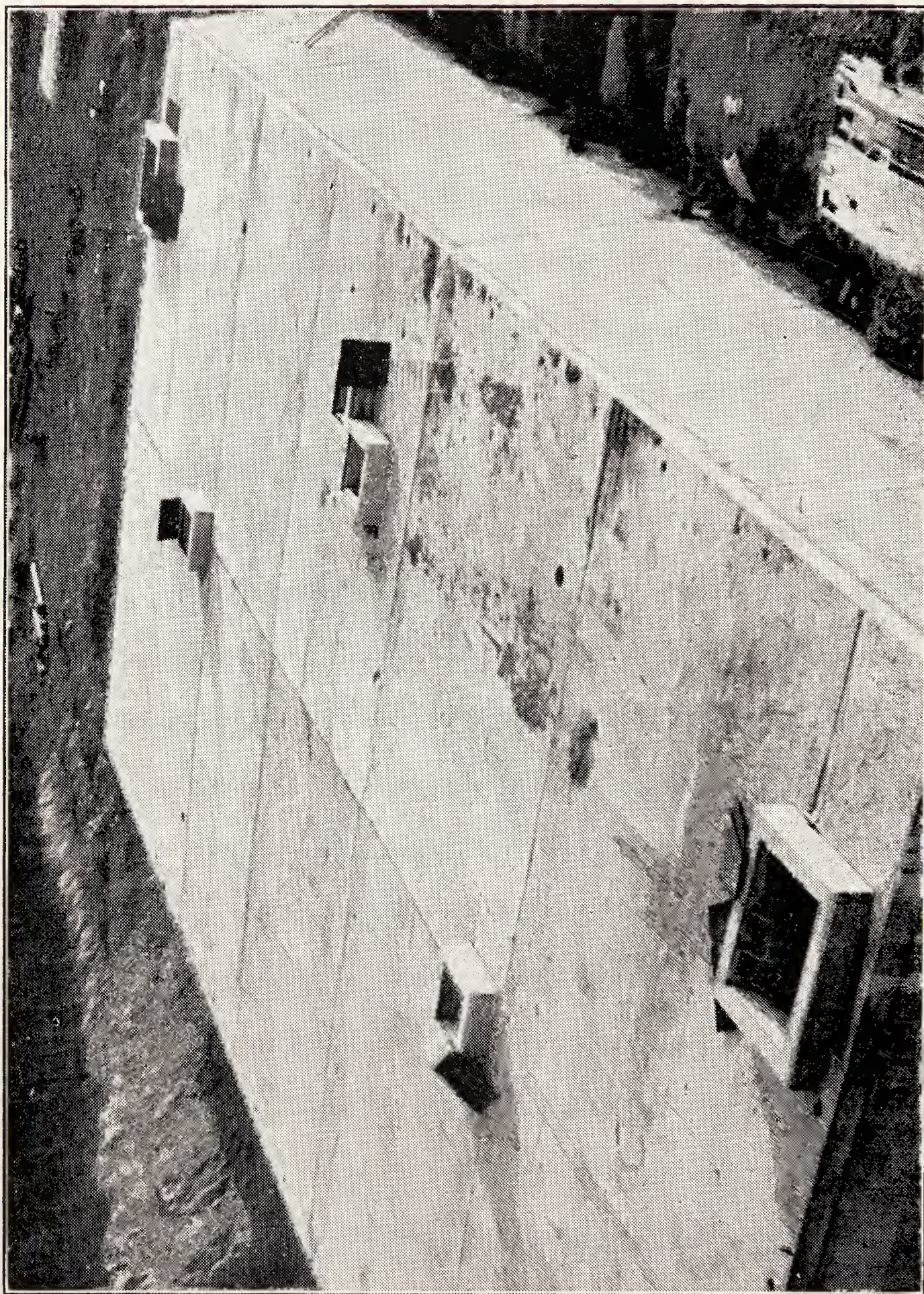
Stage I of the scheme, consisting of development from the major source at Fring, the construction of headworks at Docking and the laying of a ring main round the northern part of the district were practically completed by the end of the year. The construction of the headworks at Docking was carried out most expeditiously and two photographs showing the progress made in a matter of a few months accompany this report. Advance sections of Stage II of the Regional Scheme were completed early in the year to provide a water supply to Council houses at Syderstone, and water is being purchased in bulk at the boundary from the neighbouring authority to serve New Houghton. When Stage II of the Regional Scheme has been carried out (at an estimated cost of some £77,000) this should finally solve the majority of the water supply problems in this district.

DOCKING R.D.C.—REGIONAL WATER SCHEME



Water tower at The Mount, Docking, completed during 1950. Capacity 375,000 gallons.

DOCKING R.D.C.—REGIONAL WATER SCHEME



*Ground level service reservoir on the same site, completed during 1950.
Capacity 600,000 gallons.*

DOWNHAM R.D.

Owing to the acute water shortages which have been experienced in this district, a considerable part of the area was supplied with piped water before the war by the Wisbech Waterworks Company and certain extensions to their mains have been carried out in the parishes of Wiggenhall St. Mary Magdalen, Wormegay, Runcion Holme, Tottenhill, Shouldham, Shouldham Thorpe and South Runcion during 1950. In addition, improvements have been carried out to the District Council's waterworks at Denton Lodge, where an additional pump has been installed.

On the 1st October, the Wisbech Waterworks Company, which was previously responsible for the supply to the northern half of this district, was incorporated in the Wisbech and District Water Board; this Board now is the statutory authority for supplying the whole district.

Agreement has been reached with the Norfolk Agricultural Committee regarding an "Agricultural Scheme" which is almost ready for submission to the Ministry.

Authority has been given for tenders to be invited for the construction of a scheme to serve Barton Bendish.

ERPINGHAM R.D.

Due to protracted negotiations with adjacent authorities, no appreciable progress has been made in developing the Regional Scheme. Further work has, however, been carried out to effect improvements to the headworks at Holt and Mundesley.

FOREHOE & HENSTEAD R.D.

Approval has been given, in principle, to the Regional Scheme which is divided into two parts.

The larger zone borders the City of Norwich and a supply for this area is to be made by that authority under their statutory powers, and is estimated to cost approximately £160,000. The remainder of the area cannot be fully developed until trunk feeder mains have been laid to the boundaries of the Norwich Statutory Area, as it is the District Council's policy to purchase water in bulk at certain points from which the remainder of this area can then be developed at an estimated cost of £173,000. A bulk supply is to be purchased from the Wymondham Urban District's headworks at Wicklewood to supply the south-western area.

There has been an acute water shortage in this district and during the year, extensions of the mains from Wymondham were made to Hethersett, which is in the Norwich Statutory Area of supply, by agreement with the Norwich Corporation. The work carried out provided a temporary emergency supply which is chiefly from standpipes and it is proposed ultimately to take water from the Norwich extensions of mains. In this area, two small lengths of main were laid in Costessey and to the Training College at Keswick Hall.

Approval was given by the County Council for a small village scheme from a bore to be sunk on a Council housing site at Kimberley. It is designed to serve a group of Council houses and other neighbouring properties. Small extensions of mains at Hackford were also approved.

FREEBRIDGE LYNN R.D.

The scheme to serve the parishes of Great and Little Massingham and Harpley from an Air Ministry bore at Harpley Dams was completed during the year and the mains at Harpley have been further extended to the boundary in order to afford a bulk supply to Docking R.D. for the parish of New Houghton.

The waterworks belonging to the Sandringham Estate were purchased, and important negotiations were in progress at the end of the year between the Rural District Council and the King's Lynn Municipal Borough concerning the taking over by the Borough of the major source at Hillington to implement the supplies of water to King's Lynn, in addition to affording a supply to Freebridge Lynn R.D. There is an excellent supply of water available in this district as it is on the chalk out-crop, from which most of the potable water supplies for the County are obtained, and it may well be that advance stages of the ultimate scheme may be carried out by utilising local sources.

LODDON R.D.

Approval was given to the Regional Scheme in this district, which involves taking bulk supplies of water from the Norwich waterworks for the greater part of the area.

As a temporary measure, water has been taken from the Bungay U.D.C. to serve a Council housing site at Ditchingham, and this scheme is to be extended to serve the remainder of Ditchingham and the adjacent parish of Broome, and may ultimately cover the Waveney Valley area, which will be so designed that it will dovetail in with the scheme for the northern half of the district. An advance section has been completed in the form of a village scheme based on headworks at a Council housing site and serves parts of Kirby Cane and Ellingham. The sizes of the mains have been designed so that they will ultimately form part of the Regional Scheme.

MARSHLAND R.D.

Like Downham R.D., this district is to the west of the water bearing chalk area of the County, and as it formerly relied chiefly upon rainwater for domestic use, considerable development of piped water supplies was carried out before the war. During 1950, further local extensions to the Regional Scheme were made and work in the northern area has almost been completed. The water for this zone is purchased in bulk from the King's Lynn M.B. at Margaretta Bridge.

The southern part of the area was supplied by the Wisbech Waterworks Company, which as stated elsewhere, was merged with the Downham Rural District, and other authorities outside the administrative County, under the control of the new Wisbech and District Water Board.

MITFORD & LAUNDITCH R.D.

The plan for this Council's Regional Scheme originally consisted of taking water in bulk from the neighbouring districts of Walsingham, Swaffham and St. Faith's and Aylsham. During the year, however, it was decided to establish, as a first stage, a number of independent schemes which could ultimately be dovetailed into a larger Regional Scheme, and by the end of the year work on the preparation of such schemes was proceeding rapidly.

ST. FAITH'S & AYLSHAM R.D.

The eastern half of this district is within the Norwich Statutory Area where mainlaying has been completed in the parishes of Rackheath, Salhouse, Drayton and Horsford.

Approval has been given for proposals to extend the Council housing supply to serve part of the parish of Great Witchingham, and a scheme based on an Air Ministry undertaking at Foulsham is being developed.

A bore has been sunk at Salle to serve Cawston and Reepham, and it was hoped that this source could be used as a main supply for the whole area outside the Norwich Corporation Statutory Area instead of the original proposal of development from Lenwade. Some difficulties were encountered due to subsidence during the test pumping, and expert advice is being sought.

SMALLBURGH R.D.

Following the unsatisfactory pumping tests at Ludham, a new trial bore was sunk during the year and the results of further tests will decide whether this Council will agree, in conjunction with the Blofield and Flegg R.D., to proceed with developing Ludham as a major source to serve the southern part of the Smallburgh R.D. and the north-eastern zone of Blofield and Flegg R.D.

Mainlaying has taken place in Sutton, Hickling and Catfield, which are ultimately to derive their water from the Ludham bore, and as a temporary arrangement are obtaining water from the headworks at Stalham.

It was the original intention of the Smallburgh R.D. to obtain a supply in bulk from the Erpingham R.D. to serve the whole of the northern part of the district. A Council housing bore at Honing, which was subjected to a pumping test, gave an exceptionally good yield and a scheme has now been approved for supplying the whole of this area from a new and larger bore to be sunk at Honing. If this bore is successful, the proposal to take water from Erpingham will be abandoned.

A small area in the south-west of the district is in the Norwich Statutory Area, and a scheme for development has been prepared, although it is not anticipated that this will be carried out for at least two years.

SWAFFHAM R.D.

In August, 1950, tenders were invited for the modified Regional Scheme in the north-eastern part of the district, which is based on a bore at Bradenham, and construction was under way at the end of the year. The remainder of the district, which is sparsely populated, is to be developed by independent village schemes and some have already been approved. In Gooderstone, Hilborough and Narborough, tenders have been invited.

An emergency scheme has been completed in Sporle where acute water shortages have been experienced during the past years.

Further village schemes were approved for Cockley Cley, Beechamwell and Foulden.

WALSINGHAM R.D.

Work has commenced on the backbone of the Regional Scheme, which will serve the whole of the district, and a rising main is being laid from the major source of supply at Houghton to Gunthorpe where a ground level reservoir is under construction. Distribution mains have been laid in Little and Great Walsingham, Wighton, the Barshams, Great and Little Snoring, Houghton, parts of Fakenham and Thursford.

In addition, the District Council has acquired a small undertaking in Blakeney, and work was commenced to extend this supply to the main part of the village. Similarly, in Field Dalling and Hindolvestone a start was made on village schemes which will form an advanced section of the Regional Scheme, and which are based on existing Council house bores.

Approval was given to an additional extension of mains to supply Barney, a village adjoining the site of Gunthorpe reservoir. This was originally planned in a later stage of development, but there were urgent needs at a Council housing site and by laying this length of main in advance, a saving has been effected.

WAYLAND R.D.

Further main laying has taken place in the eastern half of this district, which is based on a major source of supply at Bury's Hall, Old Buckenham, and work has almost been completed.

The ground level reservoir at Carbrooke, which is to be fed by a trunk main from the Watton headworks, was commenced. A major scheme based on this is designed to serve practically the whole of the western half of the district. In the south, an ex-government department headworks at Riddlesworth has been purchased and a small scheme serving this village and the neighbouring hamlet of Gasthorpe has been completed.

DISS U.D.

Certain improvements have been carried out to the headworks at Diss where an additional bore has been sunk.

The Ministry has approved the installation of a softening plant at the headworks, which will ultimately be used to implement the supply to parts of the Depwade R.D.

SWAFFHAM U.D.

This district entered into negotiations for the acquisition of the privately owned undertaking of the Swaffham Waterworks Company. If these are successfully concluded, the U.D. may have to carry out further considerable improvements.

SEWERAGE AND SEWAGE DISPOSAL.

WORK UNDER CONSTRUCTION.

Some progress has been made and during the year the laying of sewers and the construction of treatment works was almost completed in Stalham, Wells and Thetford. A further problem arises in each of these towns, where schemes have now to be prepared for connecting and re-connecting the various

properties to the sewers and for the conversion of pail closets and vaults to W.Cs. It is hoped that a certain amount of work which is solely in respect of re-connections will be eligible for grant, whilst the cost of conversions will have to be borne entirely by the Local Authorities. The estimated cost of these three sewerage schemes is £238,000.

PROPOSALS.

Blofield and Flegg R.D.

There is a serious sewerage problem in the parish of Thorpe, which forms part of the Norwich Fringe Area, and, in conjunction with Sprowston, which is in the neighbouring district, a scheme was submitted at a cost of £313,800. This was the subject of some discussion between the various authorities, and the problem was further complicated by the acquisition of some land within the area by the Norwich Corporation for considerable housing development. This has necessitated some revision of the scheme in this area, and the revised proposals were not available by the end of the year. The question of surface water drainage of this area was the subject of a Ministry Inquiry, but a comprehensive surface drainage scheme is unlikely for the present.

Outline schemes have also been prepared for the parishes of Martham, Ormesby and Hemsby, but these are not likely to be carried out for some time.

Depwade R.D.

Early in the year, sewerage schemes for Dickleburgh and Hempnall were deferred by the Ministry, but in November a starting date was awarded somewhat unexpectedly and tenders were being invited for this work by the end of the year.

Loddon R.D.

The District Council submitted proposals for sewerage the parishes of Ditchingham and Broome. When compiling the Priority Report, this scheme was placed in a very low category, and in comparison with the more urgent sewerage problems in the county this action was justified. The District Council have been informed that part of the scheme relating to the Ditchingham housing site, and possibly some of the adjoining and more built-up parts of the parish, might well be upgraded and carried out as an advance stage of the entire scheme.

St. Faith's and Aylsham R.D.

There are a number of very difficult sewerage problems in the district, particularly in Hellesdon, Catton and Sprowston, which are in the Norwich Fringe Area and which have been referred to under "Blofield and Flegg R.D."

In addition, sewerage schemes have been finally approved in the parishes of Aylsham and Reepham, where there is an urgent need for such facilities. These schemes were the subject of a Ministry Inquiry which was held during the year.

Swaffham and Wayland R.Ds.

There is a pressing need for a sewerage scheme in Watton and the adjoining parish of Saham Toney, and approval for this joint scheme was given by the Ministry in 1949. As part of the financial retrenchment policy of the Ministry, it became necessary to defer the construction of this scheme during the year. It was as the result of such cases as these that the County Council prepared the draft programme of work and Priority Programme, which has been referred to earlier in this report. This scheme is considered to be of some urgency, and for that reason has been placed in Category I, and it is to be hoped that a start will not be long delayed.

Walsingham R.D.

There is a pressing need for a sewerage scheme in Great and Little Walsingham, where additional problems are created by the considerable influxes of population, and a scheme costing some £33,400 has been approved, and tenders are shortly to be invited.

East Dereham U.D.

A further problem has arisen in East Dereham where the present treatment works, which were constructed just before the war, are now inadequate, partly owing to industrial development which has taken place in the town. The works are grossly overloaded, and the final effluent is far from satisfactory and has been a source of pollution of the River Blackwater which later joins the River Wensum, and from which river the Norwich Waterworks derive their main supply. A careful watch has been kept on this situation, and frequent check samples have been taken from the stream both above and below Dereham during the year. It is the District Council's intention to reconstruct their sewage disposal works, which they intend carrying out in stages over a period of years. When this is completed, it is anticipated that further serious pollution of the stream in this area will be unlikely.

A scheme has also been submitted for sewerage the Toftwood area, but as the existing East Dereham treatment works are overloaded, this cannot be carried out until the works have been enlarged.

North Walsham U.D.

In North Walsham the present treatment works are to be modified in order to cope with the additional effluents from the Canning Factory and the Laundry. These proposals, estimated to cost £38,000, have been approved by the County Council and the Ministry of Health, and a starting date is awaited.

Swaffham U.D.

The Swaffham U.D. has applied to the Ministry with the full support of the County Council for approval for reconstructing new treatment works. The present works, which are totally inadequate, consist solely of a small settlement tank and the effluent is then subjected to land treatment. The carriers are in the chalk, and it is considered that this may have a potential polluting factor on the chalk waters in this region. The situation has been further aggravated by the reception of a Canning Factory effluent.

UNDERGROUND WATER LEVEL RESEARCH.

Although it is generally assumed that in the chalk areas of the county there is an abundant supply of underground water, little is known of its behaviour, of the effect of periods of drought and of heavy rains, of its minimum and maximum levels, and of the long-term trend of such water levels. The more surface and shallow wells normally vary regularly and proportionately to the rainfall and weather and they are subject to such wide variations according to local circumstances that they not only form an unreliable source but are completely incapable of analysis in general terms.

In view of the importance of the deeper chalk waters to the projected piped water schemes, and indeed to the future of the county, the County Council discussed with representatives of the Ministry of Health, the Geological Survey and Museum, and of the Meteorological Office, proposals for the scientific recording of and research into the behaviour of these underground waters. The work commenced in April of the year under review.

A survey of the county was carried out. Specially selected bores and wells penetrating to the chalk strata east of a line from Sedgeford, Gayton and Hockwold were examined and suitable installations were selected in order to establish a water level recording station in each of the zones into which the county was divided. Accurate monthly readings have been taken from each of the 67 installations but it is too early to give any firm opinion as to general trends, although it has been noticed that from April to the end of October the rest water level in the majority of bores showed a tendency to fall. This trend appeared to be more accentuated in the west, and following heavy autumn rainfall there was a general rise throughout the county towards the end of the year, and in the majority of cases the rest water level was higher in December than in April when the readings were first commenced.

The research will be further extended in order to plot the general flow of the underground water, as well as to estimate the nature of the water likely to be encountered in any part of the county within the chalk area.

This is a new departure in this area and much valuable data is expected from the research, although it must be regarded as a long-term policy before any firm conclusions can be drawn.

Appreciation must be recorded of the co-operation given by the owners of installations who have been approached, and who have offered their full support in allowing the Council's staff to take monthly readings from their bores and wells. I am also most grateful to Mr. J. H. Willis, who has furnished monthly official rainfall figures, and to Mr. R. S. Copeman who has been to some considerable trouble in helping to co-ordinate the readings with those of the official Norfolk Rainfall Organisation Recording Stations.

GENERAL.

FOOD CONTROL.

No outbreaks of food poisoning have occurred, although individual cases have been reported and investigated. Close liaison with the Education Department has resulted in the inspection of school canteens and the subsequent destruction of foodstuffs found to be unfit for human consumption.

The education of the public in matters of food hygiene is still of paramount importance, and during the year an exhibit was staged at the Annual Exhibition held by the Norfolk Federation of Women's Institutes at St. Andrew's Hall, Norwich. The exhibit received excellent publicity and tribute is paid to local tradesmen for their excellent co-operation towards its success.

DISINFECTION.

Steam disinfection of clothing and bedding in connection with 20 cases of infectious disease was carried out at the East Dereham Isolation Hospital.

ICE-CREAM.

In the absence of a statutory standard of bacteriological purity, reliance is still placed on the Methylene Blue test and the grades suggested by the Medical Research Council.

The Public Health Laboratory gives full facilities for the testing of samples, and during the year 232 samples were submitted by District sanitary inspectors as compared with 196 in 1949. The following is a comparison of the grades in these two years and a distinct improvement is shown:—

			1950	1949
Grade I (Satisfactory)	...	...	94	42
Grade II (Satisfactory)	...	...	84	39
Grade III (Doubtful)	...	...	29	34
Grade IV (Very unsatisfactory)	...	...	25	81
			<hr/> 232	<hr/> 196

Despite the adoption and enforcement of byelaws made under Section 15 of the Food and Drugs Act, 1938, it is felt that evasion of the requirements is possible by the itinerant vendor who at present can sell ice-cream in most areas without registration by the local authority. Such vendors should be required to register with the local authority in whose area it is proposed to sell ice-cream.

HOUSING AND SANITARY COMPLAINTS.

The position has changed little from my report of last year, and some 174 complaints concerning structural defects, drainage, water supplies and the like were received and investigated.

Generally the demand for new houses far exceeds the supply, but it should be emphasised that every consideration should be given to those applicants who are suffering from tuberculosis and who are living under unsatisfactory conditions.

The high cost of Council house rents creates difficult problems even in those districts where there are rent rebate schemes in operation. It is no light undertaking for some poorer people who have been used in the past to paying 2/- or 3/- a week, suddenly to have to meet rentals of new Council houses, despite their rise in wages. Other costs have risen more than proportionately and odd instances at least have been known where there has been some difficulty in finding tenants of the type for whom the rural council houses are normally intended.

XIX. MISCELLANEOUS.

MATERNITY AND NURSING HOMES.

The following table gives details of the action which was taken under Sections 187-199 of the Public Health Act, 1936, during the year ended 31st December, 1950:—

No. of applications for registration	...	...	2
No. of applications refused	...	...	—
No. of registrations cancelled	...	...	2
No. of homes registered at 31st December, 1950	...	...	22
No. of beds provided:			
(a) Maternity	...	...	56
(b) Others	...	...	169

No applications were received under Section 194 of the Act for delegation of powers.

LABORATORY FACILITIES.

The Medical Research Council provides these facilities at the Public Health Laboratory, Norwich, where the following specimens were examined in 1950:—

Swabs	...	...	13,010
Sputa	...	...	1,420
Urine and fæces	...	...	667
Miscellaneous	...	...	171
			15,268

Most of these specimens were submitted by general medical practitioners for the diagnosis of infectious diseases. Others were sent by the Council's medical staff in connection with the prevention and control of infectious diseases and examinations of staff under the Local Government Superannuation Act, 1937.

The laboratory also examined the following samples, which were submitted by the sanitary staff of the County Council and by the sanitary inspectors of the county district councils:—

Milk (methylene blue test)	...	...	233
Ice-cream	...	...	232
*Water	...	...	604
			1,069

*475 submitted by District sanitary inspectors and 129 by County Council staff.

SUPERANNUATION EXAMINATIONS.

331 examinations were made by the medical staff of the Health Department.

In addition, medical advice was given in cases of County Council employees who were no longer considered capable of discharging their duties and on whose behalf application was made for early retirement on pension.

